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*Present State of Medicine in Italy.*

From the Medico-Chirurgical Review.

Although the avowed and actual object of this Journal is, to present to its readers an analytical record of practical medicine, as exhibited in the never-failing produce of the press;—neither we, nor our patrons, are so strait-laced as to sacrifice all other considerations of curiosity or interest to that of mere practical utility. When wearied, therefore, with the everlasting labours of our diurnal calling,—in copying in miniature on our pages, the full-length pictures, that meet our eyes, on all sides, from the pulse-feeling fingers of practical men.—we take no shame to ourselves, nor think it requisite to crave the pardon of our readers, if we occasionally indulge ourselves and them, with sketches of a less sombre and a lighter character. Of this class is the notice which we take, from time to time, of those theories and speculations, which, God knows, will never be of any other practical benefit, but that of keeping the blue devils from their authors, during the period of their concoction; and “which play round the head, but come not to the heart” of such musty subjects as ourselves, whose taste and talent for theory have long been spoilt by the ill-mannered and uncourtly obstinacy of vulgar disease. Of a kindred, but less futile class of subjects are those, which relate to the state of medical opinion and practice in different countries: the progress of medical literature, and the biography of illustrious men. To the former of these subjects, the present sketch will be devoted; and we leave the interest, if not the utility of the details, to plead for themselves.

Italy—the very name of Italy—must possess an interest and

a charm to all that look upon that lovely and famous land, whatever be the object of their contemplation or inquiry. Our early intimacy with the nations of classical antiquity, through the proxy of their immortal authors, gives them peculiar claims to our attention ; and, from that identification of feeling with the objects of regard, which can only arise in the generous breast of youth, we can never look upon them afterwards, even in their evil days and most degraded fortunes, but with a tenderness partaking of the love for a native land. It cannot, therefore, be supposed, that our fraternity, whose official language is still that of ancient Rome, can look with indifference on the existing condition of their profession in Italy. And it must be delightful to them, and to every friend to humanity, to know, that the present state of medical science in that country is, comparatively with former periods, most flourishing. In fact, it is such, as to bear comparison with that of any country in Europe ; and is certainly very superior, both in principle and practice, to that of the great majority of continental states. This comparative excellence, however, is, as we shall shortly see, of no very ancient date ; and the whole science may be truly said to possess, at this very moment, the boisterous vigour and noisy zeal of youth.

Italy has always been the prey of conquerors ; yet none of her masters ever established a more complete authority over her political fortunes, than one of our own countrymen extended, some time ago, over her medical independence. John Brown, (like his gifted countryman Robert Burns, at once the glory and disgrace of Scotland,) was destined to receive from foreign nations the unbounded honours, to which both himself and his friends considered his genius as entitled ; but which were most pertinaciously withheld from him in his native country. While he was struggling for existence in Edinburgh, against the cabals and persecutions of his opponents, and the more fatal array of his own violent and ill-regulated passions ;—or was subsisting in London on the charity of his few remaining friends,—with no patients, and scarcely a disciple ;—his *New Medical Doctrine* was spreading like wildfire over the Continent ; and in Italy, more especially, was subduing to its influence, alike the truths and errors of former systems, and fixing itself, like a delightful and unresisted spell, on the minds of the younger members of the profession. In a very few years after the death of its author, while the slight impression which the New Doctrine had made in England was (with the exception of some of its principles, which can never die,) almost entirely effaced, in Italy the whole of it was established as the catholick rule both of reasoning and practice.

It is needless to observe that the author of such a revolution must have been a great man ; and it is equally needless to deny that, as a *system*, that of Dr. Brown equals, if not exceeds, in originality and ingenuity, any that have been promulgated in medicine. No one will, assuredly, accuse us of being Brunonians ; nor will those acquainted with our critical labours, believe us capable of underrating the merits of Dr. Cullen : yet we conceive it will be now universally admitted, that the merits of the latter as a theorist, are insignificant when compared with those of his great, but unfortunate rival. But for the extreme value of his admirable practical writings, the name of Dr. Cullen would only now be ranked in the class of minor speculators in medicine. Brown, on the contrary, **LIO SCOZZESE--THE GREAT SCOTSMAN**, as he is called in Italy,—like the sculptor of antiquity, who engraved his own emblem on a part of one of his own immortal works,—has so deeply impressed the stamp of his genius on medicine, that it can never be effaced, but by the destruction of the science itself. And yet, however humiliating the confession, we must admit, that his doctrine has been the source and sanction of a practice most injurious to mankind. The offspring of a mind more versed in abstract science than in practical medicine, its beautiful simplicity was, in few cases, adapted to the explanation of the complicated phenomena of disease ; and, even when just, its principles, when rigidly followed in practice, often led to the most fatal consequences. As necessary inferences from the doctrine of excitability, it followed that almost all diseases either were originally, or speedily became *asthenic*, or of *debility*, requiring stimulants for their cure ; a class, which was still farther enlarged by that part of the doctrine, which considered general diseases as of the same nature as their causes,—and local affections as necessarily of the same nature as the existing diathesis, —*sthenic* or *asthenic*. Accordingly, in Italy, during the dominion of Brownism, all fevers, all acute inflammatory affections in their latter stages, and all chronic inflammations, were considered as diseases of debility, and treated with stimulants. The consequences were such as we can now very easily conceive. And it is, perhaps, on the whole, fortunate, that the doctrine and practice of stimulation were carried to the extreme they were ; as the glaring and disastrous results eventually sufficed to open the eyes of the profession to the true state of things before them, and induced those to listen to the pleadings of nature, whose ears had been too long closed by the enchantments of a false philosophy.

Signal and complete as was the triumph of the Brunonian system in Italy, still, it is not to be supposed that it was effected

without opposition ; nor that there were wanting here, as in other conquests, some stubborn spirits, who still clung to ancient opinions, and yielded a willing homage to the names and objects of former veneration. It was not, however, before the year 1800, that any thing like a systematic opposition was made to the established doctrines. And this appears to have been first done by *Rasori*, in his work on the epidemic petechial fever of Genoa. This was followed up by many publications of various physicians, in different parts of Italy ; all of which are chronologically arranged in Tomassini's pamphlet. This author himself, has been for many years, one of the most successful and distinguished opponents of the Brunonian system, and has, by his various writings, contributed largely to the establishment of the doctrine and practice which have now, for several years, very generally superseded it.

This New Doctrine, as it is called,—for the Brunonian, which in the foregoing observations we have been denominating *new*, is now named *the Old*,—is held up by the Italian writers as something original ; and its discovery claimed for Italy, as if conferring on it the greatest honour. We shall presently see, however, that its principles are a mere modification of the systems of Brown and other theorists, and its practice in a great measure such as has been established for many years in this country. This, indeed, is distinctly avowed as the child of Brownism, but of a regenerate branch, and purged from all the frailties and vices of its sire.

In Italy, the very great contrast between the new doctrines and the old,—and yet more, between the new practice and the old, naturally give to the former a great appearance of novelty ; but in this country, in which the Brunonian system was never prevalent, these pretensions cannot but seem overstrained.

This will appear sufficiently obvious, from the following brief sketch of the New Doctrine, which we shall give without noticing, in general, its relation to former and existing systems.

Agents are conceived to operate on the living system in two different and opposite ways ; the one set (*the stimuli* of Dr. Brown) exhausting the excitability, and thus producing excitement ; the other (*the sedatives* of the Cullenian school) lessening the excitement without any previous or accompanying stimulant operation whatever, and in a manner equally direct and independent. The former class of agents are called *stimulants*, the latter, *contrastimulants* ; and the general state of the system, or *diathesis*, produced by their respective operation, is called *stimulant* and *contrastimulant*.

The immense Brunonian class of diseases from indirect debil-

ity, is reduced in the new system, to a very insignificant number indeed ; and the great influence of this, as a general source of diseases, is declared an illusion. Thus almost all fevers, and all inflammatory affections, in every stage, are considered, by the new school, as uniformly and invariably sthenic. In the New Doctrine, the nature of general diseases is considered (in opposition to the scheme of Brown) to have no necessary dependence on the nature of the cause ; and local affections no necessary similarity to the existing diathesis. Thus, a sedative power may give rise to a disease of excitement, and an acute local inflammation may arise in a most debilitated system.

The two classes of agents, stimulants, and contrastimulants, reciprocally correct each other's effects. The measure of the existing diathesis is afforded by its capacity to bear agents of the opposite class ; and this degree of tolerance is a much better index of the nature and degree of the diathesis than the symptoms are.

A condition of the system neither stimulant nor contrastimulant may exist, consisting rather of a disturbance of action, than of an increase or diminution of action. This state is called *irritation*, and the diathesis *irritative*. The number of diseases depending upon this state are very few ; the great majority belonging to the stimulant diathesis.

Pain, and certain other nervous affections, exert a great influence in modifying diseases. In acute diseases, these sensorial affections often act as contrastimulants, forbidding, for a time, the employment of other contrastimulants, which are indicated both before their occurrence, and after they have passed off.

In the new doctrine, the phenomena of inflammation hold a most conspicuous place ; and as well on this account, as because the subject can never be too much impressed on the minds of practitioners, we shall notice this part of the system somewhat more at length. With this view we shall avail ourselves of the larger work on inflammation, by Tommasini ; and, in glancing over it a second time, shall put down a few of the more prominent subjects discussed, in the order of their occurrence, and without much connexion.

All inflammation is the simple product of excess of stimulus ; all its characters are traceable to this, from the "primissimo rubore" to the extreme of disorganization. All inflammations, therefore, are uniformly, and in all circumstances, sthenic ; and as the phenomena of the greater number of fevers, and of all the phlegmasiae, are (contrary to the dogma of Brown) considered to depend on a primary local inflammation, this doctrine must be of immense importance in the practice of medicine. Perhaps

no part, once inflamed, ever returns to its original soundness, although it appears to do so to our imperfect senses. This is proved by the proclivity to disease—or rather the augmented excitability—remaining in a part that has been once inflamed; and is not the less true, although contrary to the usual laws of habit and the Brunonian doctrine of exhaustion. By this means, a new temperament or idiosyncracy, general or local, may be produced. Inflammation in its duration retains no relation to the operation of its cause, but proceeds much less influenced by the state of the general system, than the system is influenced by it. In a case of mere stimulation or excitement, (as in the condition resulting from violent exercise, ebriety, sun-stroke, &c.) the subtraction of the cause removes the effect; but when once *inflammation* is by any of the same causes lighted up, it will hold its course, in a certain degree at least, however the cause be withdrawn. Inflammation is, therefore, an *independent* process, a fact which is farther proved by its arising in the most debilitated subjects, as after haemorrhages, and in the last stage of febrile diseases. All authors, from Galen to Darwin, with the exception of Brown, considered inflammation as always a state of increased action; the *error loci*, the *spasm*, the *obstruction*, &c. &c. of different systems, being merely the antecedents, or causes of the inflammation, like the *thorn* of Van Helmont, or the *stimulus* of Haller. All practical writers admitted the various *kinds* of inflammation, as modified by the varying state of the general excitement, the character of the part, &c. but still they considered the action of the affected part as increased. Brown alone conceived the idea of asthenic inflammation. It is true that two opposite *general* states of the system (diathesis) cannot co-exist; but the co-existence of a state of *general* debility with a *local* excess of stimulus, and *vice versa*, is very comprehensible. Although local inflammation is, in a certain respect, *independent* of the diathesis, still it is *influenced* by the latter, and *vice versa*. Thus, if the general excitement be morbidly high, this will augment the local inflammation; if the general excitement is moderate, it will be increased by the local excess of stimulus; and if the general excitement is very low, it will lessen the degree of the local stimulus. It is this last way in which general antiphlogistic treatment relieves local inflammation. In judging of the nature of a disease, it is of great importance to distinguish between its primary essential characters, and its ultimate condition, or consequences. Gangrene and sphacelus are assuredly very unlike inflammation in many respects; but there was a time when these very processes were inflammatory and curable, if curable by antiphlogistics. On every account, therefore, both

in a pathological and practical point of view, it is of the utmost necessity to watch the beginning of diseases.

Of the application of these new doctrines to practice, in the Italian school, we are furnished with an interesting exemplification in a recent work of Tommasini. This, is a brief report of the practice in the clinical wards of the university of Bologna, for the three years ending in 1820, delivered by the author in the form of a lecture to the students. With a transcription of the Professor's list of diseases, and some of his remarks, we shall conclude this article without any farther comment of our own. It must appear to all that the new practice is very superior to the old ; but many will be disposed to fear, with ourselves, lest it be carried too far, if it has not been so already. The Italians ought to recollect that their country was once before *inflamed* from a neglect of the maxim—*in medio tutissimus ibis*—and pronounced too by the very god of physic.

#### LIST OF DISEASES.

	Admitted.	Died.
Acute Inflammations, including 15 cases of rheumatism, and eight of exanthemata	209	21
Chronic Inflammations, including 13 cases of dropsy	38	5
Synochal and catarrhal fevers	35	—
Synochus, nervous, or typhus fevers	57	4
Severe acute diseases from defect of stimulus	4	—
Simple intermittents, or combined with physconia	45	—
Hæmorrhages	17	1
Convulsions, including two cases of madness	18	1
Asthmatic Affections	4	—
Torpor, hemiplegia, and apoplexy	10	1
Decided irritative affections	10	—
Hydrophobia	2	2
Pellagra	1	—
Vizi strumentali (surgical ?)	3	—
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Total	453	35

" Of the above diseases," the author remarks, " the least severe were the 35 cases of synochal and catarrhal fevers, the 45 intermittents, and the 11 painful, convulsive, or febricular affections, manifestly merely *irritative* in their nature. These last were all cured by the removal of the exciting cause, either by its expulsion or destruction. These cases demonstrated not merely the existence of this class of diseases, but proved with what violence of symptoms a simple affection, not possessing

any diathesis, can assume the appearance of a severe malady. The great infrequency of similar affections, however, ought to convince us, that, in most cases, the irritative agency of the first cause, however slight or transient, is soon followed by processes that constitute an affection of diathesis, independent of its cause, and no longer curable by its removal. All the *intermittents* were cured, although in many of these, a chronic inflammation of the liver or spleen, required the long-continued use of antiphlogistic measures. We were equally successful in the catarrhal and synochal affections, although many of these exhibited symptoms which would have rendered the application of depressing measures much less steady in the hands of any practitioner who was not convinced (as I have long been) that all these affections, viz. synocha, synochus, and typhus, are mere varieties and degrees of the same disease; and that it is by the employment of an opposite plan of treatment that the simplest synocha is often converted into the severest typhus."

"It is a fact that, during the period when exciting remedies were so much used in febrile affections, nervous and typhus fevers were not only more frequent, but the mortality from them much greater, being never less than 18 or 20 per cent. The diminution of mortality during the latter years, throughout Italy, since the establishment of the antiphlogistic treatment, has been wonderfully great; and we see in the results of the table, given above, that the mortality in nervous fever, in our clinical wards has been less than eight per cent."

He says that acute inflammatory diseases are those most prevalent in Bologna, particularly during the winter. Those admitted into the clinical hospital consisted of a few cases of exanthemata, (which Tommasini considers in all their forms simply as inflammatory affections of the skin and vascular system,) rheumatism, gout, &c. the remaining being affections of the internal viscera. Of these latter, the diseases of the chest were most numerous. Of 115 pneumonic subjects, 14 died; and of the whole 209 cases of acute inflammation, the mortality was 10 per cent. On the subject of blood-letting in these cases the author makes the following remarks:—

"In some cases of uncommon obstinacy, or of relapse, occurring in strong constitutions, the repetition of venesection must keep pace with the pertinacity of the disease. But, in general, I am unwilling to have recourse to an extraordinary number of bleedings, because I am of opinion that there is a term beyond which the continued application of contrastimulants may be necessary, and yet blood-letting not be so; and because I have

found so potent a succedaneum in the use of *kermes mineral, nitre, squills, acetate of potass and laurel water.*"

"But were there no examples of *asthenic* diseases, namely, diseases produced and maintained by defect of stimulus, or by the *diathesis of contrastimulants?* Such diseases assuredly were very few, as may be seen from the table. This is no fault of ours : but the fault of an erroneous theory that formerly led men to see things otherwise than they were in nature. To prove the rarity of such diseases, it is enough to mention the single fact, that of a hundred dead bodies, from all diseases, 95 will exhibit either actual inflammation, or its traces, or its relictis."

But we must here conclude this already too extended article —congratulating the medical profession on the progress of a sounder philosophy and practice throughout the world,—congratulating Italy, more especially, on the superiority of her therapeutics over those of many of her continental neighbours—and expressing an earnest hope, that the present fervor of her sons in the cause of contrastimulants and antiphlogistics, may not lead them beyond the bounds of prudence—to be again the victims of their misguided zeal, and to afford once more, amid the ruin wrought by their errors, the occasion for *yet another new doctrine*, to flourish and to fall, like those that have preceded it.

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## II.

*A Treatise on Dislocations, and on Fractures of the Joints.* By Sir ASTLEY COOPER, Bart. F. R. S. Surgeon to the King, &c. One Volume, Quarto, pp. 562, and 30 Plates. London, October, 1822.

From the Medico-Chirurgical Review.

If the life of a medical practitioner is not checkered with great events, his mind is too generally the theatre of anxious solicitude and conflicting emotions. The perplexing difficulties and heavy responsibilities of his avocations, put his reputation daily and hourly in jeopardy—while the rivalry of surrounding competitors is but too well calculated to engender and foster, in the human breast, a host of passions that contribute but little to either health or happiness. He then, who among the favoured few, has left rivalry almost out of sight behind him—whose reputation has become fixed in the minds of his brethren and the public, and, consequently, invulnerable by chance or hostility—whose word is law—and whose very oversights are but foils to his superior judgment, as exceptions prove general rules—he, we say, may be happy, if his own natural disposition will permit. By his contemporaries, such a man is designated as *fortunate*; though

nothing can be more clear, than that he is generally the architect of his own fortunes. True it is, that extensive connexions and ample pecuniary resources, are powerful auxiliaries to talent, and the *sine qua non*, without it—but very many examples around us demonstrate, that talent, of a certain order, *creates* these for itself, and *commands* them to follow in its train. He is not always the most fortunate man, whose parents are the richest, whose legacies are the largest, or whose friends are the most numerous, when he first starts as a candidate for public favour. We consider it no trifling piece of good luck, in such circumstances, to be born with brains—we do not mean such brains as are daily demonstrated in the dissecting rooms, and which differ little, if at all, from those which we buy for eightpence a pound in a butcher's shop—we mean brains of that kind of texture, that capacitates them for receiving impressions from the external world with accuracy, retaining them with fidelity, combining them with ingenuity, and communicating them with precision. It is only with such a brain, that a man can expect to take the lead in any branch of medical science; and we suspect that it must have been with some such brain that the author of the work before us fought his way, single-handed, to the summit of his profession. It could not have been the attraction of ordinary merit that drew towards its possessor a tide, or rather a torrent of wealth and fame, unprecedented in any age or in any country—and that without the aid of a faction, the patronage of the great, or the inheritance of an ancestral reputation. By a rare union, in fact, of mental energy, physical force, and professional zeal, Sir Astley Cooper has more than realized all that youthful ardour could have anticipated—and that, we firmly believe, without making, or at least, *deserving*, a single enemy. That such pre-eminence should be attained in the medical, or in any other profession, without exciting *envy*, is as little to be expected as a retrograde motion of the earth in its orbit round the sun; nor is it unamusing to the contemplative philosopher, to observe the *symptoms* of this moral malady, betrayed when most studiously concealed, and revealing its operation where its influence is denied. The following symptom we deem to be nearly pathognomonic of the disease in question. “Sir Astley Cooper is a very good surgeon, *but*, he is not sufficiently *scientific*.” Dr. Johnson defines science to be—1st, “*knowledge*

any spot of Europe beyond the sphere of his personal competitors, he would be unanimously acquitted, or rather, the indictment would be at once thrown out by a grand jury. In the second place, we are confident, that the same verdict would be given, even by a *Middlesex* jury, and that with a most overwhelming majority.\*

We have hinted that, if riches, honours, and fame, can make a man happy, our author ought to be happy ; and we have his own declaration, in his address, that he really is so. We confess, however, that we are ill-natured enough to hope that this happiness is not complete, and that it will not be so, until this able surgeon shall have communicated to his brethren at large, the fruits of his unparalleled experience. It is fortunate for society, that this last duty of an exalted medical character, is one to which Nature herself most strongly prompts. However long the range of life, and however numerous the wreaths of laurel, few men can be insensible to posthumous fame. The productions of the press are the least perishable of all human memorials. The pyramids could not preserve the memory, nor even the names of their founders ; while the Iliad has rendered Homer immortal. Nothing but the press can withstand the scythe of Time—and none but the author of a good book can, with propriety, say, “*saltem non omnis moriar.*” That these “longings after immortality” do not operate equally on all men, is fortunate in some respects, and to be regretted in others. It saves us many a ponderous tome of dulness, but, at the same time, it deprives us of much valuable knowledge which sinks into the grave with its possessor. It unfortunately happens too, that those men, in our profession, who are most capable of imparting valuable information, are least inclined to come before the public as authors. And indeed, when we reflect that every man considers himself a critic, upon such occasions, and entitled to make all manner of ill-natured observations on a book, we can hardly wonder at the backwardness to authorship among those who are established in reputation without such hazards. It is hardly necessary to remark, that this very consideration enhances our obligations to such men as Sir Astley Cooper, for imparting valuable information to their brethren, at the risk of

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\*With respect to science, our own feelings are, that it does not consist in hypothetical speculations emanating from a feverish brain, and which perish almost in their birth ; but in sober and judicious reflections upon the subjects presented to our senses, and which, if they are fair inductions from careful and accurate observations, will endure for ever. We apprehend that this is the view which our author, also, has taken of science, and his successful and honourable career proves the wisdom and the propriety of his choice.

illiberal criticism for themselves. And this leads us to remark, that the volume before us is just the reverse of books in general—the matter is good, and the price is low. We are confident that the sale of a large impression will not more than defray the expense of the letter-press and engravings. The latter alone, 30 in number, are fully worth the whole price attached to the volume! The same may be said of Sir Astley Cooper's splendid work on Hernia. The sale of a large edition did not pay for the plates. Such instances of biblical generosity are very unusual in these book-making days, when the most trumpery materials are vamped up and exposed at an enormous price. We do not, indeed mean to insinuate that other authors can or ought to follow the example of Sir Astley—very few of them are in circumstances to do so: but still the individual instance of liberality towards his less fortunate brethren, is not the less worthy of commemoration on the part of the author in question.

Sir Astley observes in his preface, that it is probable his professional brethren will be disposed to think he has limited to too short a period, the attempts at reduction of dislocations; yet, having observed that, except in very emaciated, relaxed, and aged persons, the injury done in the extension has been greater than the advantage gained by the reduction, he is not disposed to recommend attempts at the latter, especially in strong muscular persons, after a period of three months from the accident, “finding that the use of the limb is not, when reduced, greater than that which it would have acquired by having remained in its dislocated state.” Our author also states, in his preface, an exception to a general rule, which he has lately seen, where the foot was inverted instead of everted in a fracture of the neck of the thigh bone.

In some general and highly judicious observations on dislocations, our author most truly remarks, that students too often neglect to make themselves sufficiently acquainted with the anatomy of the joints, while they take great pains to dissect the muscles of a limb with neatness and minuteness, throwing away the member without any examination of the ligaments, a knowledge of which is of more importance than of the muscles. Sir A. has known even an hospital surgeon apply pulleys in case of a fracture of the neck of the thigh bone, which had been mistaken for dislocation, thus exposing the patient to violent and protracted extension. At the same time, it is but justice to acknowledge that the tumefaction arising from extravasation of blood, and the tension resulting from inflammation, render it exceedingly difficult, in the early days of an accident, to be perfectly assured of the exact extent of the injury.

"And, therefore, conclusions drawn at a time when the muscles are wasted, the swelling dispersed, when the head of the bone can be distinctly felt, and the motions of the limb are found to be impeded in a particular direction, if they tend to the prejudice of the individual who may have given a different opinion under circumstances so much less favourable for forming a just opinion, they will be both illiberal and unjust."

We hope our young surgical brethren will take example from the foregoing remark, and make it a rule of conduct never to reflect on the practice or opinions of their contemporaries before their patients. The breach of this precept is the bane of our profession—and we are convinced that the *want of liberality* towards each other has injured us ten times more in the eyes of the public than all the instances of ignorance, negligence, and other kinds of misconduct put together. Occasions may occur where we are compelled to expose the errors or the ignorance of our brethren, but we apprehend that they are very rare—at least we have not met with half a dozen cases in our lives where there was an absolute necessity of making the extra-professional party acquainted with the matter.

The immediate effects of dislocation are change of form in the limb, which may be shorter or longer than natural, loss of motion, and pain, either obtuse or acute. In most instances the head of the bone can be felt in the new locality, and rotation of the limb reveals the accident. A remote effect is crepitus, produced by the effusion of fibrin into the joint and bursæ, in consequence of which the synovia becomes inspissated, and crackles under motion. Some degree of inflammation and tumefaction succeeds, rendering the detection of the injury much more difficult, and sometimes almost impossible. Occasionally, though rarely, suppuration takes place in the dislocated joint, and the patient is destroyed. If the limb be not reduced, the bone forms for itself, in time, a new bed, and some degree of motion is gradually recovered, especially in the shoulder. In the lower extremity the patient is lame for life in such cases. On dissection, we find the head of the bone displaced; the capsular and other peculiar ligaments torn; (excepting the tendon of the biceps, in shoulder dislocations, which Sir A. has not found torn;) the formation of new capsular ligaments; the articulating head of the bone unchanged, if thrown on a cushion of muscle, but much changed if thrown on bone, or on a thin muscle covering a bone. In the *first* case, (cushion of muscle,) the articulating cartilage remains, a new capsular ligament being formed around, but not adhering to it—in the *latter* case,

(cushion of bone,) absorption of the periosteum of one bone and cartilaginous surface of the other takes place, thus forming a smooth hollow surface, with an ossific deposit around it, something like the brim of the original socket, demonstrating the amazing powers of nature.

Dislocations occasionally take place from mere relaxation of the ligaments, of which some curious cases are related by our able author. This relaxed state of the ligaments is sometimes produced by an accumulation of synovia in the joints. A case of dislocation of the patella from this cause is detailed by Sir Astley, where the patient could not walk without a tight bandage to keep the knee-pan from slipping. Even the loss of muscular power will sometimes cause dislocation; two instances of which are stated. In one case the loss of muscular tone was produced by over-distention of the muscles—in the other, it was from paralysis of one side, occurring during dentition.—Dislocations frequently take place from ulceration, by which the ligaments are detached, and the bones become destroyed. This is often the case in the hip-joint. There is a preparation at St. Thomas's Hospital, where the knee had been dislocated by ulceration, the joint ankylosed, and the leg turned directly forwards at right angles with the femur.

Dislocations are occasionally accompanied by fracture. In such cases it is proper to reduce the dislocation, without loss of time, taking care that the fractured part be strongly bandaged in splints, to prevent any injury to the muscles. If this be not done at first, it cannot be done afterwards, without risking the disunion of the fracture. Thus, if there be a compound fracture of the leg contemporaneous with a dislocation of the shoulder, the reduction of the latter should be immediately undertaken as soon as the fractured limb is secured in splints.

With the exception of the first and second vertebrae of the neck, which are said to be occasionally dislocated, what are called dislocations of the spine are really fractures of the vertebrae followed by displacement of the bones, but not of the intervertebral substance.

Compound dislocations—that is, dislocations with exposure of the cavity of the joint from laceration of the integuments and ligaments, are attended with great danger, and on the following account.

"When a joint is opened, inflammation of the lacerated ligaments and synovial membrane speedily succeeds; in a few hours suppuration begins, and granulations arise from the surface of the synovial membrane, which being a mucous membrane, is more disposed to

the suppurative, than to the adhesive inflammation. But the same process does not immediately take place upon the extremity of the bone, because it is covered by the articular cartilage. This cartilage, before the cavity fills with granulations, becomes absorbed, by an ulcerative process instituted on the end of the bones, beginning from the synovial membrane. The bone inflames, the cartilage becomes ulcerated ; numerous abscesses are formed, in different parts of the joint, and at length granulations spring from the extremities of the bones deprived of their cartilages, and fill up the cavity ; generally these granulations become ossified, and ankylosis succeeds ; but sometimes they remain of a softer texture, and some degree of motion in the joint is gradually regained."

This process requires great constitutional efforts, and if the constitution be weak, amputation will often be necessary to preserve life. The treatment will be amply discussed under the head of compound dislocation of the ankle joint. Of partial dislocations we need not speak, nor of the causes of dislocations. Of the astonishing strength of muscles, ligaments, and tendons, a horrible and revolting example was furnished at the execution of Damien, for the attempted murder of Louis XV. Four horses were attached to the four extremities of this wretched man, and after dragging fifty minutes in vain, the executioners were obliged to cut the muscles and ligaments with their knives to effect the dismemberment ! Happily for the feelings of mankind, such barbarous spectacles are now for ever banished. The privation of life, by the most simple and expeditious means, is sufficiently cruel, humiliating, and denaturalizing ; and we hope the day is not far off, (indeed it cannot be,) when the life of man shall, *on no account*, be destroyed by the sword of justice. Hard labour or solitary confinement appears to be the proper expiation of guilt or crime ; and even when that crime is murder, the same act, though under another name, should not be committed in open day as the punishment.

Dislocations are comparatively rare in the aged and in children—the bones generally giving way first. What are called dislocations of the hip-joint in children, are considered by Sir Astley as arising from ulceration. Dislocation (supposed) of the elbow-joint, in the same subjects, " is an oblique fracture of the condyles of the os humeri, which produces the appearance of dislocation by allowing the radius and ulna, or the ulna alone, to be drawn back with the fractured condyle, so as to produce considerable projection at the posterior part of the joint."

Our experienced author has clearly shown that it is principally from the muscles we experience difficulty in reducing dislocations—and that from their inherent tonicity rather than

their voluntary or involuntary contractions. This kind of contraction is not succeeded by fatigue or relaxation, but will continue an indefinite time, even till the muscle suffers change of structure, increasing daily in its power of resistance from the first occurrence of the accident. It is this resistance from muscles, aided by their voluntary contraction, which it is the business of the surgeon to counteract--and it is easily counteracted if extension be made immediately after a dislocation has happened ; but in a few days great difficulty occurs.

The means of reduction are both constitutional and mechanical. It is wrong to use the latter alone, lest the degree in which it is necessary to employ it occasion violence and injury--indeed the most powerful mechanical means will often fail if unaided by constitutional remedies. Bleeding, the warm bath, and nausea, are the principal constitutional aids. Of these, venesection is the most powerful, especially when the blood is drawn from a large orifice, the patient being kept in the erect position. Whether the warm bath be used by itself, or as an auxiliary to the bleeding, it should be from 100 to 110 of temperature, the patient being kept in the bath till the fainting effect is produced, when he should be immediately placed in a chair wrapped in a blanket, and the mechanical means employed. Of late years our author has employed nauseating doses of tartar emetic, principally with the view of keeping up the faintish state produced by the other two means.

The mechanical process is next to be exerted, by fixing one bone (that in which the socket is) and drawing the other towards the socket. The force should be gradually applied, so as to produce that state of fatigue and relaxation which is sure to follow continued extension. The great object is to firmly fix the socket bone--thus, if *one* person pulls at the scapula and *two* at the fore-arm, the scapula is necessarily drawn with the os humeri, and the extension is very imperfectly made. The compound pulley is far preferable to the force of assistants. Its effects may be directed by the judgment of the practitioner, whereas the exertions of assistants are sudden, violent, and often ill directed--their action being as likely to lacerate the parts as to restore the bone to its place. In dislocations of the hip-joint pulleys should always be employed--and in those dislocations of the shoulder that have remained long unreduced. Sir Astley Cooper thinks it better, as a general rule, to apply the extention to the bone dislocated than to the limb of which that bone forms a part. To this there is an exception in the case of the shoulder ; in dislocations of which he places his heel in the axilla and draws at the wrist, in a line with the side of

the body, by which means the pectoral muscle and latissimus dorsi are brought into a state of relaxation ; whereas, they would form a powerful opposition, if the arm was carried far from the side.

Bandages are generally necessary after reduction, to prevent another dislocation, especially at the shoulder and in the lower jaw. The hip is rarely re-dislocated.

Sir Astley Cooper believes that much mischief is produced by attempts to reduce dislocations of long standing in very muscular persons. He has seen the patient's condition rendered much worse than before by abortive attempts of this kind. Our author is of opinion that three months for the shoulder and eight weeks for the hip may be fixed on as the latest periods for reductive attempts, except in people of extremely relaxed fibre, or of a very advanced age.

Having premised these observations on dislocations in general, we now come to particular instances, beginning with :—

*Dislocations of the Hip-Joint.* The anatomy of this joint is first described by Sir Astley, and then he proceeds to the modes of dislocation. These, in his experience, have been four—viz. upwards on the dorsum ilii—downwards into the foramen ovale—backwards and upwards into the ischiatic notch—and forwards and upwards upon the body of the pubes. No dislocation downwards and backwards, as described by some surgeons, has occurred at Guy's or St. Thomas's Hospitals within the last thirty years, nor in our author's private practice. Sir A. therefore doubts, but does not deny its existence.

The dislocation upwards on the dorsum ilii is the most frequent of occurrence, and is known by the following signs :—

" The limb on the dislocated side is from one inch and half to two inches and half shorter than the other, as is well seen by comparing the malleoli interni, and by bending the foot at right angles with the leg. The toe rests against the tarsus of the other foot ; the knee and foot are turned inwards, and the knee is a little advanced upon the other. When the leg is attempted to be separated from the other it cannot be accomplished, for the limb is firmly fixed in its new situation, so far as regards its motion outwards ; but the thigh can be slightly bent across the other. If the bone be not concealed by extravasation of blood, the head of the thigh-bone can be perceived during rotation of the knee inwards, moving upon the dorsum of the ilium, and the trochanter major advances towards its anterior and superior spinous process, so as to be felt much nearer to it than usual. The trochanter is less prominent than that on the opposite side, for the neck of the bone and the trochanter are resting in the line of the surface of the dorsum ilii ; upon a comparison of the two

hips, the roundness of the dislocated side will be found to have disappeared. A surgeon, then, called to a severe and recent injury of the hip-joint, looks for a difference in length, change of position inwards, diminution of motion, and decreased projection of the trochanter."

The accident most likely to be confounded with the dislocation upwards, is fracture of the neck of the thigh bone within the capsular ligament. Sir Astley observes, that the marks of distinction are generally sufficiently strong to prevent an error in a person commonly attentive. We shall give the distinctions in our excellent author's own words.

"In a fracture of the neck of the thigh-bone, the knee and foot are generally turned outwards ; the trochanter is drawn upwards and backwards, resting upon the dorsum ilii : the thigh can be readily bent towards the abdomen, although with some pain : but, above all, the limb which is shortened from one to two inches, by the contraction of the muscles, can be made of the length of the other by a slight extension; and when the extension is abandoned, the leg is again shortened. If, when extended, the limb is rotated, a crepitus can often be felt, which ceases to be perceived when rotation is performed under a shortened state of the limb. Fracture of the neck of the thigh-bone within the capsular ligament rarely occurs but in advanced age, and it is the effect of the most trifling accident, owing to the interstitial absorption which this part of the bone undergoes at advanced periods of life. Fractures externally to the capsular ligament occur at any age, but generally in the middle periods of life ; and these are easily distinguished by the crepitus which attends them, if the limb be rotated, and the trochanter compressed with the hand. The position is the same as in fractures within the ligament. Fractures of the neck of the thigh-bone are very frequent accidents when compared to dislocations."

Our author's first plate exhibits these dislocations in a visible --we had almost said a tangible form.

To confound dislocations from violence and diseases of the hip-joint, betrays culpable ignorance of anatomy, or reprehensible want of observation. The gradual progress of the symptoms ; the pain in the knee ; the apparent elongation at first, and real shortening afterwards ; the capacity for motion, yet the pain on extreme rotation, flexion, and extension, are marks of difference which ought to strike the most inattentive observer. It is true that the consequences of a disease of this kind, when it has long existed, are, ulceration of the ligaments, acetabulum, and head of the bone, allowing such a change of relative situation of parts, as sometimes gives the limb the position of

dislocation—it is the history of the case which easily decides the question.

The cause of this dislocation is generally a fall, when the knee and foot are turned inwards—or a blow, when the limb is in that position. The head of the bone is then displaced upwards, and turned backwards.

"In the reduction of this dislocation, the following plan is to be adopted : take from the patient from twelve to twenty ounces of blood, or even more, if he be a very strong man ; and then place him in a warm-bath at the heat of  $100^{\circ}$ , and gradually increase it to  $110^{\circ}$ , until he feels faint. During the time he is in the warm-bath, give him a grain of tartarized antimony every ten minutes until he feels some nausea, then remove him from the bath and put him in blankets, and place him between two strong posts about ten feet asunder, in which two staples are fixed ; or rings may be screwed into the floor, and the patient be placed upon it. My usual method is to place him on a table covered with a thick blanket, upon his back ; then a strong girt is passed between his pudendum and thigh, and this is fixed to one of the staples. A wetted linen roller is to be tightly applied just above the knee, and upon this a leather strap is buckled, having two straps with rings at right angles with the circular part. The knee is to be slightly bent, but not quite to a right angle, and brought across the other thigh a little above the knee of that limb. The pulleys are fixed in the other staple, and in the straps above the knee. The patient being thus adjusted, the surgeon slightly draws the string of the pulley, and when he sees that every part of the bandage is upon the stretch, and the patient begins to complain, he waits a little to give the muscles time to fatigue ; he then draws again, and when the patient complains much, again rests, until the muscles yield. Thus he gradually proceeds until he finds the head of the bone approach the acetabulum. When it reaches the lip of that cavity, he gives the pulley to an assistant, and desires him to preserve the same state of extension, and the surgeon then rotates the knee and foot gently, but not with a violence to excite opposition in the muscles, and in this act the bone slips into its place."

The surgeon must not expect to hear the bone snap when it goes in, because the muscles are so much relaxed by the process above-described, that they have not power to act with violence. It is only by loosening the bandages and comparing the limbs that the surgeon becomes assured of the reduction. When there is difficulty in bringing the bone over the lip of the acetabulum, it may be lifted by placing the arm under it near the joint ; or a napkin may be placed under it as near the head of the bone as possible, and raised by an assistant.

Several very interesting and highly illustrative cases are in-

troduced by our author from page 45 to page 63, which we must pass over, in order to give as much of our author's valuable didactic matter as possible.

*Dislocation downwards, into the Foramen Ovale.* This generally happens when the thighs are widely separated from each other. The ligamentum teres, and the lower part of the capsular ligament, are torn through, and the head of the bone becomes situated in the posterior and inner part of the thigh, upon the obturator externus muscle.

"The limb is in this case two inches longer than the other. The head of the bone can be felt by pressure of the hand, upon the inner and upper part of the thigh towards the perineum, but only in very thin persons. The trochanter major is less prominent than on the opposite side. The body is bent forwards, owing to the psoas and iliacus internus muscles being put upon the stretch. The knee is considerably advanced if the body be erect ; it is widely separated from the other, and cannot be brought without great difficulty near the axis of the body to touch the other knee, owing to the extension of the glutei and pyriformis muscles. The foot, though widely separated from the other, is neither turned outwards nor inwards generally, although I have seen it varying a little in this respect in different instances ; but the position of the foot does not in this case mark the accident. The bent position of the body, the separated knees, and the increased length of the limb, are the diagnostic symptoms. The position of the head of the bone is below, and a little anterior to the axis of the acetabulum ; and a hollow is perceived below Poupart's ligament."

Sir Astley states the particulars of an interesting dissection which he many years ago made of an accident of this kind, the preparation of which is now in St. Thomas's Hospital. The head of the thigh bone was found resting in the foramen ovale, around which bony matter was deposited, so as to form a deep cup, in which the head of the thigh bone was inclosed, but in such a manner as to allow of considerable motion. The cup thus formed surrounded the neck of the thigh bone, without touching it, so inclosing its head that it could not be removed from the new socket without breaking its edges. The inner surface of this new cup was extremely polished. The original acetabulum was half filled up with bone. The head of the thigh bone was very little altered—the articulating cartilage still remaining—the ligamentum teres broken—the capsular ligament partially torn through. The preparation exhibits an astonishing instance of the powers of Nature in compensating for injuries.

"The reduction of this dislocation is generally very easily effected. If the accident has happened recently, all that is required is, to place the patient upon his back, to separate the thighs as widely as possible, and to place a girt between the pudendum and upper part of the luxated thigh, fixing it to a staple in the wall. The surgeon then puts his hand upon the ankle of the dislocated side, and draws it over the sound leg, and the head of the bone slips into its socket."

It is proper, and generally necessary, to fix the pelvis, by a girt passed around it and crossed under that which passes around the thigh, otherwise the pelvis moves in the same direction with the head of the bone. A very illustrative plate is given, shewing the mode of reduction in this species of dislocation. Where the dislocation has existed for some weeks, Sir Astley recommends the patient to be placed on his sound side--to fix the pelvis by one bandage, and to carry another under the dislocated thigh to which the pulleys are to be affixed perpendicularly--then to draw the thigh upwards, whilst the surgeon presses down the knee and foot, to prevent the lower part of the limb being drawn with the thigh bone. Great care must be taken not to advance the leg in any considerable degree, otherwise the head of the thigh bone will be forced behind the acetabulum into the ischiatic notch, whence it cannot afterwards be removed. Here our author has introduced some interesting cases (not in the original essays) illustrative of this species of accident, which the surgical reader will find it very advantageous to peruse.

*Dislocation backwards into the Ischiatic Notch.* In this accident the head of the femur lodges on the pyriform muscle, between the edge of the bone which forms the upper part of the ischiatic notch, and the sacro-sciatic ligaments, behind the acetabulum, and a little above the level of the middle of that cavity. This is the most difficult dislocation both to distinguish and to reduce.

"The signs of this dislocation are, that the limb is about half an inch to one inch shorter than the other, but generally not more than half an inch; that the trochanter major is behind its usual place, but is still remaining nearly at right angles with the ilium, with a slight inclination towards the acetabulum. The head of the bone is so buried in the ischiatic notch, that it cannot be distinctly felt except in thin persons, and then only by rolling the thigh-bone forwards as far as the comparatively fixed state of the limb will allow. The knee and the foot are turned inwards, but not near so much as in the dislocation upwards, and the toe rests against the ball of the great

toe of the other foot. When the patient is standing, the toe touches the ground ; but the heel does not quite reach it. The knee is not so much advanced as in the dislocation upwards, but is still brought a little more forwards than the other, and is slightly bent. The limb is fixed, so that flexion and rotation are in a great degree prevented."

It is generally produced by force being applied when the body is bent forwards upon the thigh, or when the thigh is bent at right angles with the abdomen, in which position, if the knee be pressed inwards, the head of the bone is thrown behind the acetabulum.

"The reduction of the dislocation in the ischiatic notch is generally extremely difficult, and is best effected in the following manner : the patient should be laid on a table upon his side, and a girt placed between the pudendum and the inner part of the thigh to fix the pelvis. Then a wetted roller is to be applied round the knee, and the leather strap over it. A napkin is to be carried under the upper part of the thigh. The thigh-bone is then brought across the middle of the other thigh, measuring from the pubis to the knee, and the extension is to be made with the pulleys. Whilst this is conducting, an assistant pulls the napkin at the upper part of the thigh with one hand, and rests the other upon the brim of the pelvis, and thus lifts the bone as it is drawn towards the acetabulum over its lip. For the napkin I have seen a round towel very conveniently substituted, and this was carried under the upper part of the thigh, and over the shoulders of an assistant, who then rested both his hands on the pelvis, as he raised his body and lifted the thigh."

Sir Astley has here introduced a new and interesting case, communicated by Mr. Rogers, an intelligent surgeon of Manningtree. The patient, in a drunken frolic, received an injury while wrestling or fighting with one of his companions, but Mr. R. did not see him till the next day, when the whole of the right thigh and of the soft parts around the pelvis were immensely swollen. It was therefore impossible to ascertain the nature of the injury, though Mr. R. suspected some unusual dislocation of the thigh from observing the knee and foot very much turned inwards, the limb being scarcely shortened. Local and general means were used for the reduction of the swelling and inflammation, and the patient was kept quiet for eleven days. Mr. Nunn of Colchester, and Mr. Travis of East Bergholt, now assisted Mr. Rogers with their advice. They all agreed that there was a dislocation, but of what kind they could not ascertain. They resolved to delay a few days, and, in the interim, procure Sir Astley's Essay then recently published. In it they

found the case described. By imitating exactly the process recommended by Sir Astley, they happily succeeded in reducing the dislocation. Preparatory to the operation, they bled the patient *ad deliquium*, and while fixing the pullies, gave him four grains of tartar emetic at intervals, to produce nausea. We think it highly probable, that this and many other men since, owe the free use of their limbs to the admirable Essays in question.

Sir Astley Cooper, in his remarks on this case, observes that the descriptions given of dislocation into the ischiatic notch by authors, are very incorrect—and must have occasioned great errors in practice. Thus, it has been stated that the limb is shorter than the other in such accidents—an error that must have arisen from examining a pelvis separated from the skeleton, and there remarking that the ischiatic notch is below the level of the acetabulum when the pelvis is horizontal—although it is really above the acetabulum in the natural oblique position of the bony circle, at least as regards the horizontal axis of the two cavities. It is to be remembered, that there is no such accident as dislocation of the hip downwards and backwards.

*Dislocation on the pubes.* This is the most easily detected of all; and generally happens from a person, while walking, putting his foot into some unexpected hollow in the ground, his body at the moment being bent backwards. The head of the bone is thus thrust forward on the pubes. The distinctive symptomatology we shall give in the language of the author, which is a model of terse and luminous description.

"In this species of dislocation, the limb is an inch shorter than the other; the knee and the foot are turned outwards, and cannot be rotated inwards, but there is a slight flexion forwards and outwards; and in a dislocation which had been long unreduced, the motion of the knee backwards and forwards was full twelve inches; but the striking criterion of this dislocation is, that the head of the thigh-bone may be distinctly felt upon the pubes, above the level of Poupart's ligament, on the outer side of the femoral artery and vein. It feels as a hard ball there, which is readily perceived to move, by bending the thigh-bone."

Easy as this accident is of detection, our author has known three instances, in which it was overlooked till too late. Of one of these the preparation is now in St. Thomas's Hospital—one was a gentleman from the country, in whom the accident was not discovered until some weeks had elapsed, when he submitted to an unsuccessful attempt at reduction—the third was a patient in Guy's Hospital, who was admitted for an ulcerated leg,

and was found to have a dislocation upon the pubes that had happened some years previously.

"In the reduction of this dislocation, the patient is to be placed on his side on the table; the girt to be carried between the pudendum and inner part of the thigh, and fixed in a staple, a little before the line of the body. The pulleys are fixed above the knee, as in the dislocation upwards, and then the extension is to be made in a line beyond the axis of the body, the thigh-bone being drawn backwards. After this extension has been for some time continued, a napkin is to be placed under the upper part of the thigh, and an assistant, pressing with one hand on the pelvis, lifts the head of the bone, by means of the napkin, over the pubes and edge of the acetabulum."

As far as the experience and inquiries of our author enable him to calculate, he thinks that the relative proportion of dislocations at the hip-joint stands nearly as follows:—Of 20 cases, 12 will be on the dorsum ilii—five in the ischiatic notch—two in the foramen ovale—and one on the pubes. It is evident, however, that this calculation is liable to considerable error, from the extreme difficulty of making it.

It is not a little curious, that the once celebrated Sharpe, formerly surgeon to Guy's Hospital, and author of a Treatise on Surgery, who had a large share of the public and private practice of the metropolis, did not believe that a dislocation of the thigh bone ever occurred! Yet, in the present day, our provincial surgeons generally succeed in reducing them. "Let them never forget, however, that it is to their knowledge of anatomy, that they are indebted for this superiority." Sir Astley quotes the case related by Mr. Cornish, of Falmouth, (published in a former number of this Journal,) where a dislocation of the hip was reduced by a fall on board a vessel, five years after the accident. Sir Astley has searched the books of both St. Thomas's and Guy's Hospitals, without being able to find the name of Mac Fadder, but, possibly, he may have entered (as many sailors do) under an assumed name. Mr. Cornish will doubtless make inquiries about this.

We have now finished the subject of dislocations of the thigh-bone, and it is almost unnecessary to remark, that Sir Astley Cooper has conferred a great obligation on his surgical brethren, for the very important information which he has thus communicated to them, in such clear and explicit language that the veriest tyro can comprehend, with ease, the whole of the diagnostic and therapeutical indications. We now come to—

*Fractures of the Os Innominatum.* As these accidents are liable to be mistaken for dislocations, and as any extension would be productive of serious, or even fatal consequences, our author is anxious to say a few words concerning them in this place.

"When a fracture of the os innominatum happens through the acetabulum, the head of the bone is drawn upwards, and the trochanter somewhat forwards, so that the leg is shortened, and the knee and foot are turned inwards : such a case then may be readily mistaken for dislocation into the ischiatic notch. If the os innominatum is disjointed from the sacrum, and the pubes and ischium are broken, the limb is a slight degree shorter than the other ; but in this case the knee and foot are not turned inwards. Of the first of these accidents I have seen two examples ; of the latter only one.

"These accidents are generally to be detected by a crepitus being perceived on the motion of the thigh, if the hand be placed on the crista of the ilium ; and they are attended with more motion than occurs in dislocations."

The above precepts are illustrated by three interesting cases, two at St. Thomas's, the other at Guy's Hospital. To these we must refer for particulars. All three patients died, and the dissections are given.

One of the most interesting and valuable portions of the work before us, is that on fractures of the upper part of the thigh-bone, commonly called :—

*Fracture of the Neck of the Femur.* This accident is but too frequently confounded with dislocations of the thigh-bone, and no wonder, since "it must be confessed, that their discriminating marks are sometimes with difficulty detected." Sir A. avers that three distinct species very different in their nature, in their treatment, and in their results, have been described and classed under the indiscriminate appellation of "fracture of the neck of the thigh-bone." Hence, he thinks, have arisen the differences of opinion, which have led to great doubt and discussion respecting the process which Nature employs for their cure. He justly observes, that less hypothetical reasoning, and more attention to the developement of such accidents, by *dissection*, would have prevented much of the discussions and discrepancies in question.

These accidents are more frequent than dislocations of the thigh-bone. Thus, in St. Thomas's and Guy's Hospitals, not more, on an average, than two dislocations are annually seen ; whereas, the wards are seldom without an example of fracture.

The three species of fracture are as follows :—1st. Fracture

through the neck of the bone, entirely *within* the capsular ligament. 2dly. Fracture through the neck of the thigh-bone, *at its junction with the trochanter major*, and consequently, *external* to the capsular ligament. 3dly. Fracture through the trochanter major, *beyond its junction with the cervix femoris*.

I. *Within the Capsular Ligament.* The appearances which are produced by this fracture, we shall give in the words of our author, as we cannot abbreviate the language without destroying the sense.

"The leg becomes from one to two inches shorter than the other, for the connexion of the trochanter major with the head of the bone by means of the *cervix* being destroyed by the fracture, the trochanter is drawn up by the muscles as high as the ligament will permit, and consequently rests upon the edge of the acetabulum and upon the ilium above it. This difference in the length of the limbs is best observed by desiring the patient to place himself in the recumbent posture on his back, when, by comparing the malleoli, it will be found that one leg is from one to two inches shorter than the other. The retraction thus produced is at first easily removed, by drawing down the shortened limb, when it will appear of the same length with the other; but immediately this extension is abandoned, the muscles draw it into its former position; and this appearance may be repeatedly produced by extending the limb. This evidence of the nature of the accident continues until the muscles acquire a fixed contraction, which enables them to resist any extension which is not of the most powerful kind."

Another circumstance which marks the nature of this injury is, the *turning outwards of the foot and knee*—a state produced, in great part at least, by the numerous and strong rotatory muscles of the hip-joint, which proceed from the pelvis to be inserted into the thigh-bone, and to which, very feeble antagonists are provided.

"Directly that the bed clothes are removed, two circumstances strongly arrest the attention of the surgeon, namely, the diminished length of the injured limb, and the eversion of the foot and knee. In the dislocation upwards, the head and neck of the bone prevent the trochanter from being drawn backwards, whilst the broken and shortened neck of the thigh-bone in fracture of this part, readily admits it; and hence the reason why the foot is inverted in the one case and everted in the other."

A few hours must elapse before the muscles acquire this fixed contraction—which is the reason that this accident has been mistaken for dislocation, and, consequently, that patients, even

in hospital practice, have been exposed to useless and painful extensions. In this species of fracture, the patient suffers but little pain when perfectly at rest in the horizontal posture ; "but any attempt at rotation is painful," more especially rotation inwards, because the broken extremity of the bone then rubs against the lining of the capsular ligament. The pain which is felt in this accident is in the upper and inner part of the thigh, opposite to the insertion of the iliacus and psoas muscles into the trochanter minor, or, sometimes, just below this point. The perfect extension of the thigh may be easily effected, but flexion is more difficult, and somewhat painful, especially in directing the thigh towards the pubes. In this accident, the trochanter major is drawn upwards towards the ilium, and the broken neck of the bone, attached to the trochanter, is placed nearer the spine of the ilium than the trochanter itself, by which alteration of position, the trochanter projects less on the injured, than on the sound side, and, consequently, is much more concealed than naturally, until the muscles waste from the duration of the injury, when it can be distinctly felt upon the dorsum ilii.

"In order to form a still more decided judgment of this accident, after the patient has been examined in the recumbent posture, let him be directed to stand by his bed-side, supported by an assistant, so as to bear his weight upon the sound limb ; the surgeon then observes most distinctly the shortened state of the injured leg, the toes rest on the ground, but the heel does not reach it ; the knee and foot are everted, and the prominence of the hip is diminished. On ordering the patient to attempt to bear upon the injured limb, he finds himself incapable of doing so, without considerable pain, which seems to be produced by the psoas, iliacus, and obturator externus muscles being put upon the stretch in the attempt, as well as by the pressure of the broken neck of the bone against the interior surface of the capsular ligament, and there will be a greater or less projection of the trochanter, proportional to the length of the fractured *cervix femoris* attached to it."

*Crepitus* is not discoverable here when the patient is resting on his back with the limb shortened ; "but, if the leg be drawn down, so as to bring the limbs to the same length, and rotation be then performed, the crepitus is sometimes observed from the broken ends of the bone being thus brought into contact—but the rotation inwards most easily detects it." When the patient is standing on the sound limb, with the fractured limb unsupported, rotation *inwards* will sometimes discover the crepitus, as the weight of the limb brings the broken bones in apposition. This species of fracture is rarely seen in males, while the wards of an

hospital are seldom without instances in females, especially aged females. "The more horizontal position of the neck of the bone, and the comparative feebleness of the female constitution, are probably the causes of this peculiarity." The fracture within the capsule seldom happens but at an advanced period of life. Hence, our author imagines, has arisen the great confusion among surgeons of the highest character, respecting the nature of this fracture—for it has been represented, as happening at a period of life in which it never takes place. Old age, it is true, is an indefinite term; for, in some, it is as strongly marked at sixty, as in others at eighty years. "That regular decay of Nature which is called old age, is attended with changes which are easily detected in the dead body; and one of the principal of these is found in the bones, for they become thin in their shell, and spongy in their texture." Hence, the bones of old persons may be cut with a penknife, which is incapable of making any impression on them at the middle periods of life.

"Even the neck of the thigh-bone in old persons, is sometimes undergoing an interstitial absorption, by which it becomes shortened, altered in its angle with the shaft of the bone, and so changed in its form as to give an idea, upon a superficial view, of its having been the subject of fracture, so as to lead persons into the erroneous supposition of the bone having been partially broken and re-united: but it requires very little knowledge of anatomy, to distinguish, in the skeleton, the bone of advanced age from that of the middle period of life."

This fracture, Sir Astley observes, very rarely occurs under fifty years of age; and dislocation as rarely above that period; although there are exceptions, of course, to both these rules. Between fifty and eighty years is the most common period at which the fracture occurs: for, from the different state of the bone, the same violence which would produce dislocation in the adult, occasions fracture in the aged. That this state of bone in old age favours much the production of fracture, is shewn by the slightest cause often occasioning them. In London, the most common cause is slipping from the flags down on the carriage pavement, though it is a descent of only a few inches. Another frequent cause is a *slight* fall on the trochanter major. Our author lays emphasis, and very properly, on the term *slight*, in order that the young surgeon may be on his guard against the supposition, that so important an injury must be the result of excessive violence. "Such an opinion is as liable to be injuri-

ous to his reputation, as that of confounding this accident with dislocation."

It has been asserted, that these fractures unite like those of other parts of the body; but the dissections which our author has made in early life, and the opportunities he has since had of confirming these observations, have convinced him, that the transverse fracture of the *cervix femoris* within the capsular ligament, does not unite by a bone—a circumstance which he has taught in his lectures for thirty years—"and this is a most essential point, as the reputation of the surgeon hinges upon it." Thus, Sir Astley was called to a case of this fracture, where the medical attendant had been promising, week after week, a union of the fracture, and the restoration of a sound and useful limb. After many weeks, the patient became anxious for further advice, and our author did all in his power to lessen the impression which the mistake had made; but he could not alter the result, which, of course, belied the confident predictions of the surgeon, and injured him in the eyes of the patient at least. It unfortunately happened too, that, in this case, the patient did not recover in the *degree* they usually do. We quote the following passage, and wish it to be engraven on the mind of every student.

"Young medical men find it so much easier a task to speculate than to observe, that they are too apt to be pleased with some sweeping conjecture, which saves them the trouble of observing the processes of nature; and they have afterwards, when they embark in their professional practice, not only every thing still to learn, but also to abandon those false impressions which hypothesis is ever sure to create. Nothing is known in our profession by guess: and I do not believe, that from the first dawn of medical science to the present moment, *a single correct idea has ever emanated from conjecture*: it is right, therefore, that those who are studying their profession should be aware that there is no short road to knowledge; and that observations on the diseased living, examination of the dead, and experiments upon living animals, are the only sources of true knowledge; and that inductions from these are the sole bases of legitimate theory."

We think the expression marked in italics, (by us) is rather too strong; and we could bring forward proofs of the justice of this opinion. We shall only allude to one very curious instance. Galen *conjectured*, (for he had no proof whatever) that there was one set of nerves for sensation, and another for motion. If there be any faith in recent experiments on living animals, this conjecture of the ancient physician is likely to prove a truth,

and a very curious one too.\* The general bearing, however, of the passage, offers most salutary counsel.

Although Sir Astley has never met with a single instance of bony union in transverse fractures of the *cervix femoris* within the capsular ligament, yet he is not so dogmatical as to assert that such never occurs, especially when we consider the varieties of direction in which a fracture may take place, and the various degrees of violence by which it may have been produced—as, for instance, when the fracture is through the head of the bone, and there is no separation of the fractured ends; or, where the bone is broken without its periosteum and the reflected ligament which covers its neck being torn—or when it is broken obliquely, partly within, and partly external to, the capsular ligament. After all, Sir Astley only wishes it to be understood that, if ever union takes place under the circumstances in question, it must be a very rare occurrence, as he has not yet met with a single example of it. The reasons which Sir Astley assigns for the non-union are as follow :—

*First*—the want of proper apposition in the bones: “for if the broken extremities, in any part of the body, be kept much asunder, ossific union is prevented.” This is proved by fractures of the patella, which are known to unite only by ligament—by experiments made on animals, where pieces of the radius, for instance, were cut out, leaving the ulna to prevent apposition, in which case, no ossific union took place—and, lastly, by examples in the human body, some of which we shall quote presently. But first, it is proper to state, that a case is related by Mr. Dunn, in the last volume of the *Medico-Chirurgical Transactions*, which *seems* to militate against Sir Astley’s position. Mr. Dunn’s case will be found in our *Periscope*, to which we refer for particulars. It is only necessary to state here, that three inches of the tibia were removed from a boy’s leg, where the ends of the bone projected, and where the fibula was fractured in two places. The leg was only an inch shorter than the other ultimately, though the bones were prevented from coming within an inch and a half, or two inches of each other, by the fibula. All the proofs we have, in this case, of ossific union, are grounded on the facts, that the boy was able to walk with-

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\* We are aware that Galen made numerous experiments on animals before he came to this conclusion; but neither he, nor any man yet, has been able to shew the slightest proof, that *separate* nerves were employed for sensation and motion. It is becoming probable that, in the *same* nerve, there is a portion of its structure derived from the cerebrum, and another portion from the cerebellum, and that, to this is owing the diversity of function in, apparently, the *same* nerve.

out crutches, and that, by compressing the space between the bones on each side, Mr. Dunn "could trace a continued line of bone." Now we must confess, that this evidence of feeling through the integuments appears to us very equivocal—and nothing but post-mortem demonstration would induce us to place implicit belief in the physiological fact or assumption. In respect to the evidence, grounded on the boy's being able to walk, we shall quote the following case from the *Medical Records and Researches*, as related many years ago, by Mr. Smith, of Bristol.

"The boy was admitted into the Bristol Infirmary for disease of the tibia; and the diseased portion, not exceeding more than from two to three inches in length, that part of the bone was removed by the saw. In a month the limb had acquired so much firmness, that the boy was permitted to walk about the ward, which he was able to perform tolerably well, and in six weeks no doubt was entertained of ossification having taken place in the uniting substance; at this time he sickened with small pox, and died.—Upon examination, the edges of the extremities of the tibia were found absorbed and rounded, and on the inferior portion, a bony callus had formed, about three quarters of an inch in extent; no ossific matter was discoverable in the greater part of the space originally occupied by the diseased bone, but a tough, though thin ligamentous band extended from the superior to the inferior portion of the tibia."

In the above case it appears, that had the boy not died, it would have been firmly believed, that ossific union had taken place. The fractures in the fibula, also, throw some doubt on the real state of the physiological question, as far as Mr. Dunn's case is concerned. In fine, from what we have seen, both in animals, and in human bones, that had been prevented from approximating, we are disposed to think that Mr. Dunn is deceived—and that the broken tibia is become agglutinated ossifically and ligamentously to the *fibula*, which, in such circumstances, becomes greatly enlarged, and thus adds to the stability and firmness of the limb, while the intermediate space between the ends of the *tibia* becomes filled up by a firm, ligamentous substance, that has given Mr. Dunn the idea of a bony continuity.

The case in question, however, does not, in the least degree, affect the position of Sir Astley, respecting non-union of the neck of the thigh-bone within the capsular ligament; which non-union depends on another principle, as the reasons which we are in the course of developing will evince.

*Second reason:*—The want of pressure of one bone upon the other, even where the length of the limb is preserved—a cir-

cumstance that will operate in preventing ossific union in cases where the capsular ligament is not torn, and it has not been found torn in any of those cases examined by our author. The cause of this want of pressure is thus explained by Sir Astley :—

“ From the increased determination of blood to the capsular ligament and synovial membrane, a superabundance of serous synovia, that is, synovia much less mucilaginous than usual, distends the ligament, and thus entirely prevents the contact of the bones, by pushing the upper end of the body of the thigh-bone from the acetabulum. After a time, this fluid becomes absorbed, but not until the inflammatory process has ceased, and ligamentous matter has been effused into the joint, from the interior of the synovial membrane.”

That pressure between the broken extremities of bones conduces greatly to their union, is well shewn where two broken bones overlap each other. On that side on which they are pressed together, there will be found an abundant ossific deposit, but scarcely any change on the opposite sides.

“ When a fracture occurs amidst muscles, those which are inserted into the fractured part of the bone have generally a tendency to keep the extremities of the bones together, with some few exceptions ; but when a fracture occurs in the neck of the thigh-bone, the muscles have only an influence upon one portion of the fractured bone ; and this influence serves to draw one part from the other.”

*Thirdly.* But the third and principal reason assigned by our author for the want of union in this fracture is the absence of ossific action in the head of the thigh-bone, when separated from its cervix, its life being then solely supported by the ligamentum teres, which has only a few minute vessels ramifying from it to the head of the thigh-bone—circumstances very beautifully shewn in the plate connected with this part of the subject.

“ But here it may be observed, that the neck and head of the thigh-bone are naturally supplied with blood by the periosteum of the cervix, and by the reflected membrane which covers it ; and that when the bone is fractured, if the periosteum be torn through, and the reflected membrane be broken, to which there can be only very rare exceptions, all the means of ossific action are, in consequence of such fracture and laceration, necessarily destroyed in the head of the bone. Scarcely any change therefore takes place in the head or neck of the bone ; no deposit of cartilage or bone similar to that of other fractured bones, is produced ; but the deposit which does take place, as will be seen in the plate of fracture of the neck

of the thigh-bone, is a deposition of ligamentous matter, covering the surface of the cancellated structure."

*Appearances Post-mortem.* The head of the bone remains in the acetabulum attached by the ligamentum teres. Upon parts of the bone are small white specks covered by the articular cartilage. The cervix is sometimes broken directly transverse, at others with obliquity. The cancellated structure of the broken surface of the head and cervix is hollowed by the occasional pressure of the neck attached to the trochanter and consequent absorption—and this surface is sometimes partially coated with ligamentous deposit. The cancelli are rendered firm and smooth by friction. Portions of the head of the bone are broken off, and either floating loosely, or attached by means of ligament. In respect to the neck attached to the trochanter, it is, in a great degree, absorbed, and but a small portion of it remains. Its surface is yellow, and resembling ivory, if the bones have rubbed together. In some examples of this fracture, Sir Astley has seen a few ossific deposits manifested around this small remaining part of the neck of the bone, and also upon the trochanter major and thigh bone below it. The capsular ligament becomes much thickened, and the synovial lining greatly changed by inflammation, being also much thickened, and containing a large quantity of serous synovia, mixed with flakes of ligamentous matter formerly produced by inflammation of the membrane.

It is well known that two specimens of (supposed) union by bone of the cervix femoris have been sent to the College Museum. That sent by Mr. Liston of Edinburgh is the most curious and most imposing; but on minutely examining it, a few months ago, we became convinced that there never was an entire fracture of the cervix within the capsular ligament. We observe also, that the late Mr. Wilson expressed himself thus:—"I have examined very attentively these two preparations, and cannot perceive one decisive proof, in either, of the bones having been actually fractured."

" It appears then, from this account of the dissection of those whose bodies are examined after having suffered from this fracture, that no ossific union is produced; that nature makes slight attempts for its production upon the neck of the bone, and upon the trochanter major; but scarcely any upon the head of the bone; and that if any union be produced, it is by ligament only."

Our author made several experiments on living animals with the view of illustrating this point; but, owing to the difficulty of

effecting a fracture of the cervix femoris in the proper place, he only succeeded in four instances. These all confirmed the deductions already before our readers. They may be seen in the collection at St. Thomas's Hospital.

*Treatment.* Various modes of management have been proposed and adopted in the treatment of this fracture ; but in no one instance, as far as our author is acquainted, with success. We shall therefore be excused from detailing the mechanical measures which have been employed, and merely state what Sir Astley himself is inclined to adopt.

"Baffled in our various attempts at curing these cases, and finding the patient's health suffering under the trials made to unite them, I should, if I sustained this accident in my own person, direct, that a pillow should be placed under the limb throughout its length, that another should be rolled up under the knee, and that the limb be thus extended for ten days or a fortnight, until the inflammation and pain have subsided. I should then daily rise and sit up in a high chair, in order to prevent a degree of flexion which would be painful. Our hospital patients, treated after this manner, are allowed in a few days to walk with crutches ; after a time, a stick is substituted for the crutches, and in a few months they are able to use the limb without any adventitious support.

"The degree of recovery, in these cases, is as follows : if the patient be very corpulent, the aid of crutches will be for a long time required ; if less bulky, a stick only will be sufficient ; and where the weight of the body is inconsiderable, the person is able to walk without either of these aids, but drops a little at each step on that side, unless a shoe be worn having a sole of equal thickness to the diminished length of the limb. In every case, however, in which there is the smallest doubt whether it be a fracture within, or external to the ligament, it will be proper to treat the case as if it were the fracture which I shall hereafter describe, and which admits of ossific union."

As danger to life is sometimes involved in these accidents, especially in old and infirm persons, the surgeon should be guarded in his opinion as to the result. "Lameness, says our experienced author, in the transverse fracture, is sure to follow ; but its degree cannot, at first, be exactly estimated." Finally, we may state that the dissections of that excellent anatomist and surgeon, Mr. Colles of Dublin, confirm the doctrines delivered by Sir Astley Cooper for thirty years past in the Borough School — a coincidence which must be gratifying to the distinguished author of the work under review.

*Fracture of the Cervix external to the Capsule. The symp-*

marrow by a small flattened band on each side ; these bands though originally distinct and separable without laceration, ultimately unite and form the lower part of the *fourth ventricle*. It is not until this time that the brain, viewed from above, ceases to represent a tube ; and a little later the layers and ramifications of the cerebellum begin to shew themselves.

3. The mass which supports the *corpora bigemina* first presents itself under the form of two delicate membranes derived from the *corpora olivaria* and which afterwards form the roof of a large ventricle, in progress of time gradually contracting into the narrow diameter of the *aqueductus Sylvii*.

4. The nervous cords of the *corpora pyramidalia* which take a direction from below upwards, and from behind forwards, after having formed two ganglia or enlargements on each side the *thalami optici* and *corpora striata*, are each expanded into a layer which turning from before backwards, and from each side upwards and inwards, constitute the beginning of each hemisphere of the brain. These membranes or delicate hemispheres are so small in the second month as scarcely to cover the *corpora striata*. As they increase they extend backwards, covering, in the third month, the *thalami optici*, in the fourth, the *tubercula bigemina*, and in the sixth and seventh, the *cerebellum* ; the lateral ventricles arise from their inversion.

5. The nervous fibres of the *corpora pyramidalia* previous to the formation of the *tuber annulare* are quite continuous with those of the *crura cerebri*, whence they may be followed by the eye through the *thalami optici* and *corpora striata* to their radiation in the hemispheres.

6. The parietes of the hemispheres gradually increase in bulk in proportion as their surface is covered by the deposition of additional strata of cortical matter ; and the convolutions are not visible until towards the end of pregnancy.

From these facts he considers it as uncontestedly proved that the brain and cerebellum are formed by, and are as it were prolongations of, the spinal cord. This assertion is still farther confirmed by the examination of different individuals in the animal scale ; the structure of the encephalon and spinal cord becomes more complicated as we pass from fishes to reptiles, birds, and mammalia.—*Quarterly Journal of Foreign Medicine.*

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MR. BRODIE's Experiments on the Effects of the Bile in Digestion.

It appears that Mr. Brodie, whose former physiological re-

searches are of the highest merit, has been for some time employed in experimenting on digestion ; and as a specimen of what is to follow, he has published some experiments made chiefly on young cats, respecting the effects of the bile. He was disposed to think, that the bile is intended to convert the chyme into chyle by a chemical change ; but to ascertain whether he was right in this, he completely obstructed the flow of bile into the duodenum, by a ligature on the ductus choledochus. It is properly premised, that neither this, nor the ligature on the whole extremity of the pancreas, and the division of the ramulæ of the eighth pair on the cardia of the stomach, produce much suffering or derangement, for digestion goes on, and chyme is formed, as if nothing had happened. The ligature and the consequent want of bile, completely and invariably prevented the changing of a single particle of chyme into chyle—a process which takes place at the entrance of the duodenum, and never higher than the pylorus, above which Dr. Prout could never find any albumen—the chief constituent of chyle. No chyle could be traced in the intestines, or in the lacteals ; but both of these were filled with a fluid like the chyme, which became thicker as it proceeded, and at the termination of the ilium, it was quite solid, though not like faeces.

The office then of the bile is to convert chyme into chyle. In cases where there has been morbid obstruction of the choledoch duct, Mr. Brodie thinks it has either not been complete, or when obliterated, has been attended with extreme emaciation : or that nutrition has been imperfectly maintained by the chyme, as appeared from the preceding experiments.

A singular and interesting fact was discovered while prosecuting these experiments. When the animal was allowed to live, it became jaundiced, and bile was seen in the eyes, and in the urine. At the end of seven or eight days, nature had made an effort to repair the injury, by a mass of albumen, (coagulable lymph) being effused above, below, and around the ligature ; which, in consequence of ulceration, lay loose in the cavity thus formed. A new passage was in this manner formed for the bile. The same phenomena occurred when two ligatures were used. Mr. Travers observed a similar phenomenon, when a ligature was applied round an intestine.—We anxiously wait for the rest of Mr. Brodie's experiments.—*Ibid.*

## II. SURGERY AND MIDWIFERY.

*Remarks on Abortion.* By H. W. WARD, Esq.  
If inquiries become interesting as the subjects on which they

are made are intricate, the following will, I think, be allowed to be one of this number ; and I trust it may be the means of causing the further investigation of a subject of such importance. The cause of the death of the foetus in utero, is a subject which has for many years occupied the talent of many able men, and it has been referred to a great variety of sources ; but the practice which a removal of these causes would in theory seem to warrant, has, more frequently than otherwise, proved ineffectual : but, in those cases where the cause of the accident is apparent, it may sometimes be prevented ; and, from an attentive consideration of this point, it is that I am enabled to report the success of the mode of practice I have now to lay before the profession. And here, in justice to Dr. D. Stewart, an able obstetric practitioner and lecturer, I acknowledge that I was in a great measure led to this plan of proceeding, by learning from the efficacy of opiate suppositories in preventing the death of the foetus in utero, by allaying the irritation of the bowels, which he considered the cause of it.

It was an idea entertained by that able practitioner, the late Sir Richard Croft, that diarrhoea generally preceded or accompanied abortions ; but, with deference to that gentleman's opinion, I think diarrhoea is frequently the immediate cause of it : and why I entertain such an opinion, I shall hereafter point out. Some time ago I was called in to attend a patient, who was in the fifth month of pregnancy, but had no pains that seemed to warrant any idea of labour. I was informed by her attendants, she had never borne a living child, but had aborted three successive times, at this period of gestation ; and, from the similarity of symptoms with which she was now attacked, they greatly feared a recurrence of the accident. I regretted that I had not been called in earlier, as a diarrhoea, which was always the most prominent symptom, had existed for four days. As my patient was extremely exhausted by the complaint, I ordered an aromatic cretaceous mixture, with opium ; but, in less than eight hours, the foetus was expelled, dead. The placenta was retained, as is common in such cases, longer than is usually the case in natural labours, and, after waiting an hour, I extracted it. No untoward symptom arose, and my patient recovered.

I was again called on to visit this patient, then also, in the fifth month of pregnancy, and labouring under precisely the same train of symptoms as before detailed. As I considered it would be, perhaps, a more fortunate practice, I ordered a laxative draught with oleum ricini ; which, however, produced no alteration in the nature or quantity of the alvine evacuations, and I again ordered the cretaceous mixture as before. Not-

withstanding this, my patient still continued to labour under these symptoms. I then ordered the cretaceous mixture to be laid aside, and recommended the use of opiate suppositories, which I had hitherto known to be of great service in preventing similar accidents, arising from irritation in the bowels, which I was of opinion was the cause of all the mischief in this case. This plan, however, was attended with no good effect; and, fearing danger existed in delay, I also laid this aside, and wholly depended on large and repeated doses of opium, to be given with a view of allaying the irritation, and preventing a recurrence of the accident. This had the desired effect of subduing the complaint; my patient went through the usual period of utero-gestation, and was delivered of a living child. In the former illness to which I was called, I have no doubt that uterine contraction had begun, and therefore the opium was of no avail; but it must be evident that, if opium be freely given before such action be set up, it probably may—and I think I am right in saying, generally will,—be successful in preventing it. From what I have said in the preceding part of this paper, it will appear, that, in the former illness, the diarrhoea did not abate, and abortion was the consequence; but in the latter, where it was checked by means of opium, my patient went through the usual period of utero-gestation, and was delivered of a living child; a circumstance which never before took place when the diarrhoea was unabated; and hence I think it reasonable to infer this was the cause of the former abortions.—*Med. and Phys. Journal.*

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MR. FINCH *on Acupuncture in Anasarca.*

Having, in the course of the last month, resorted to acupunturation, with manifest advantage, in a case of fixed pain in the lumbar region, I am therefore persuaded that it is a means of relief which deserves to be extensively known and generally adopted, as it effects its purpose in the most easy manner, and, should it fail, is productive of little or no inconvenience or uneasiness to the patient. The Profession must ever feel much indebted to Mr. Churchill for bringing this ingenious and valuable practice into notice. It is, however, with reference to another application of the needles that I address this communication.

I have, with Dr. Sutton, of this place, been attending a patient with very considerable anasarca of the lower extremities and abdomen, attended with symptoms of hydrothorax. The Doctor felt inclined to discharge the fluid from the extremities by punctures of the lancet, but was led to defer it on account of

the unpleasant circumstances which are frequently occasioned by that operation. It occurred to him that acupuncturation might be tried with much greater safety. This suggestion was adopted, and I had the satisfaction to find that the practice was followed by none of the bad consequences which almost invariably supervene to the former method. After the water had oozed from the minute punctures for a day or two, they closed in such a manner as to leave no vestige of their having existed. It is most true that a very small portion of fluid will escape through any one puncture, but the number of them may be multiplied to any amount ; and as this is done without exciting pain to the patient, the anasarcaous limb may be very expeditiously reduced. Of the number of punctures made in the case just alluded to, not one assumed even the appearance of inflammation, and the reduction of the size of the limbs was happily accomplished without any sort of inconvenience, thus clearly pointing out a most efficacious and safe method of evacuating such collections of fluid.

It does not appear unreasonable to anticipate that acupuncturation may be employed in various ways in surgery with advantage. Might it not, for instance, be used to ascertain, in some measure, the nature of certain tumours—if the contents should be fluid—the depth of the lodged fluid—the resistance to be expected to take place in opening the tumour, and many other particulars often of the utmost importance to the Surgeon ?—*Medical Repository.*

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### III. PATHOLOGY AND THERAPEUTICS.

#### HÆMORRHOIDS.

The treatment of hæmorrhoids divides itself naturally into local and general means. The general means are such as correct the morbid state of the constitution, and especially the digestive function, which is very commonly in fault. General alteratives — the blue pill, sulphur and supertartrite of potash, and electuary of senna, are the best medicines, with or without taraxacum or sarsaparilla. But a great deal of attention should be paid to the state of the constitution generally, in order to discover whether there be erratic gout, or other constitutional diathesis ; or whether the hæmorrhoidal functionary movement be vicarious of some other disease. These things should be well weighed before we attempt to repel the anal determination by astrigents, as nutgalls, &c. or by the local application of cold, whether in the form of clysters or externally. In this complaint, as in

spasmodic constriction of the sphincter, no local means can compare with the employment of lavements, so as to secure the parts from irritation in the passage of the fæces. This process alone would go far to cure the most obstinate cases. Where there is nothing in the constitution to contra-indicate the measure, we have always found very quick and effectual relief from the following ointment,\* spread thick on a piece of lint, and kept on the painful and protruded piles by means of a handkerchief or T bandage.

In several instances we have found very good effects from the local application of port wine to the haemorrhoidal tumours, especially where there is some degree of procidentia ani. An important measure in mitigating the pains of haemorrhoids is pressure. No pile, in fact, ought to be allowed to protrude, and thus become strangulated. On the very first appearance of an haemorrhoidal tumour it should be pressed back within the sphincter, and prevented from protruding by a very tight bandage and pad. By this application we have enabled men to walk about with ease, in a few minutes, who were before unable to get off the sofa. When the haemorrhoidal attack is over, and not before, bougies may be employed.—*Med. Chir. Review.*

#### *DR. HOWISON ON ASCARIDES.*

Ascarides appear most frequently in individuals of a relaxed habit, and whose bowels contain a preternatural quantity of mucus, or slimy matter. Hence it is stated by medical writers to be a disease most common to children; but that they sometimes prevail in adults to a high degree, particularly in those who live chiefly on a vegetable diet. I know many individuals above adult age, who have been infested with ascarides for the greater part of their life; but I cannot say that it is peculiar to those living on vegetable food, having met with repeated instances of it in those subsisting upon animal diet, to which they were restricted by dyspepsia; and this disposition to ascarides evidently runs in families. I have known all the individuals of a family infected with them; and therefore am of opinion that they may be said to be hereditary, in the same manner as phthisis pulmonalis, mania, and scrophula.

It is not my intention, in these pages, to consider the different means recommended for removing ascarides from the animal

\* Take cerate of super acetate of lead, one ounce; pulverized galls, one dram; pulverized opium, one scruple. Make into an ointment.

economy. We are all aware that, however actively employed, they are tedious, slow, and even uncertain in their effects ; that some of them are violent ; and that, when long continued, they tend to injure the organs of digestion. Of all of them, however, I may be allowed to say, that I have, in the course of my limited experience, seen most benefit from the administration of the powder of tin combined with the seeds of santonicum, followed up, at regular intervals of a few days, by doses of jalap proportioned to the age of the individual. And to this method I should always give the preference, during the period of infancy and childhood. The removal of ascarides, by means of irritating injections, and it is only such that can prove effectual, or by external applications, as tobacco, turpentine, &c. to the stomach and intestinal canal, appears to me to be inconvenient and indelicate ; and the feelings of the people of this part of the world are such, that they will never submit to the use of injections, except in cases of extreme urgency. The practice of the present day confirms this remark. Dr. Heberden says, a repetition of gentle purges alleviates whatever uneasiness ascarides may occasion ; but no internal medicines, nor clysters, can certainly be depended upon for extirpating them. Tobacco clysters and others, made of solutions of sublimate mercury, have had little or no effect.

To adult patients the following simple operation is recommended as possessing many advantages over the methods formerly in use. The finger besmeared with some mild unguent and introduced within the rectum is then to be rubbed along the whole inner surface of the gut, bringing it gradually downwards, until it comes out at the anus, when the whole mass of ascarides occupying the rectum will be brought out upon the finger near to its point, rubbed into the form of a ball enveloped in mucus and unctuous matter.

This operation is to be repeated every night, when, in a short time, the gut will be completely cleared of ascarides. Their further means of propagation being removed, the symptoms produced by them will cease, and the individual be restored to perfect health.—*Edinburgh Med. and Surg. Journal.*

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MR. HOLBROOK On the Treatment of Retention of Urine.

From the experience I have had in cases of obstruction to the passage of the urine from the bladder, I am of opinion the good effects of active purges are not sufficiently attended to ; I shall, therefore, be obliged by your inserting the following remarks in

your valuable and widely circulated Repository, if you think any advantage likely to be produced in practice, in these cases, by calling the attention of Surgeons more particularly to the utility of this mode of treatment. I am aware, however, of my inability to make these observations with full effect, and I shall not attempt to do more than briefly to describe the circumstances under which I have found this treatment most useful.

The most usual cases of obstruction of urine, to which I have been called, have been in persons advanced in life, who have generally laboured under an affection of the prostate gland, and others who had stricture in the urethra ; the immediate attacks being generally produced by cold, or excess in drinking, and commonly of cider ; which, in my experience, has appeared more liable to affect the urinary organs than liquours of any other description. In these cases I should conclude a spasmodic state of the muscles which surround the urethra to exist, accompanied with fulness of the vessels about the neck of the bladder, and probably with a relaxation of those of the bladder itself, lessening its power of contraction ; and perhaps it may also be added with propriety, a congestive state of the vessels throughout the whole intestinal canal, particularly about the rectum ; the latter being more immediately liable to produce direct influence on the urinary organs, and parts surrounding them, than is frequently supposed.

In these cases, I have commonly found the patients complaining of pain and tension about the lower part of the belly : pain across the loins, with desire to pass urine, without the power ; sickness ; some degree of fever ; and frequently stupor, particularly in elderly persons. A common practice in these cases I know to be, if the catheter fail to be introduced, the immediate recourse to the warm bath, the exhibition of an opiate, and perhaps an opiate clyster ; and if this fail, some leeches are then applied to the perineum ; or, if the patient be of a full habit, blood is perhaps taken from the arm. All this time, the bowels are often totally neglected, or if any thing is done in that way, a little castor oil only has been exhibited, under the mistaken fear of adding to the irritation by more active medicines, and thus, in these cases, as well as in many other surgical diseases, the attention is too much confined to the local affection. Patients under this treatment certainly do frequently recover, but not, in general, until the whole system has been greatly exhausted, and relaxation of the spasm is in consequence produced. Frequently, in these cases, the urine follows the withdrawing of the catheter, after an attempt at its introduction, which by producing the sensation of the passage of the urine, removes the spasm, owing to

the sympathy which exists between the fore part of the urethra and the neck of the bladder. If, then, the urine has been known to pass from the sympathetic effect of simply withdrawing a bougie or catheter from the fore part of the urethra, how much more powerful must be the effect of calling into action all the combined powers for evacuating the contents of the bowels, which are so much accustomed to act together with the urinary organs, that we find it impossible in the healthy state to evacuate per anum, without also, at the same time emptying the bladder? Instead, therefore, of trusting solely to the above soothing mode of treatment, if recourse is immediately had to a full dose of calomel, combined with a little extr. papav., followed by a purgative mixture, repeated every two or three hours, until the bowels are thoroughly cleansed, both from the residue of the ingesta and foul secretions (some blood being previously taken from the arm, if the patient be of a full habit, or symptoms of inflammation appear,) I am convinced, from repeated experience, that complete relief would, in most instances, be procured in a few hours, provided too much time has not been lost before the means was employed, and, even then, a better chance will be afforded for the full effect of other remedies. Under these circumstances, the warm bath should be had recourse to, and, whether bleeding has or has not been premised, leeches should be applied to the perineum, frequent injections of clysters of warm water used, and opium administered, both internally and in the form of clyster, mixed with milk. When, from long distention, the bladder has entirely lost its power of contraction, if the catheter cannot be introduced, there only remains to puncture the bladder.

If we succeed in introducing the catheter in such cases, I have always found the use of brisk purges more serviceable in producing the return of contractile power in the bladder, than tonics and stimulating medicines, except in very weakly subjects, and even in those the occasional exhibition of a moderately active purge is beneficial.

There is one remedy which I have used a few times in cases where spasm appeared to be the principal cause of obstruction, and which, I think, has been of some service; which is, the external application of the belladonna, in the form of fomentation of a decoction of the leaves, over the pubic region and perineum, and also the infusion in clyster, in the proportion of twelve grains of the dried leaves to six ounces of boiling water, given at once.—*Med. Repository.*

## IV. MATERIA MEDICA AND PHARMACY.

*On the Medical Properties of Opium.*

Interminable almost were the disputes, at one time, whether opium was a stimulant or a sedative—as if it were necessary that it should be exclusively one or the other, and not both, whether simultaneously or consecutively. We fear that, on this occasion at least, the experiments which have been made with opium on animals, will throw little light on its operation on the human frame. At all events, as far as practical purposes are concerned (and we believe this will be allowed to be the main point) we have nothing to trust to but common observation of the ordinary effects produced before our eyes in our daily walks. What then is the plain and obvious operation of opium (always meaning a moderate dose) which we see and feel, in others or in ourselves? The most constant and important effect is that of lessening the sensibility of the nervous system, and thus checking the transmission of sensations (or more strictly speaking *impressions*) to the sensorium, whether painful or pleasant. This reduction of *sensation* in the brain and nervous system does not appear to reduce the activity of *reflection*—on the contrary, the intellectual operations are quickened under the influence of opium—a proof that the action of the drug is not uniformly sedative or stimulant on all parts of the system. In respect to the vascular system, we generally find the pulse reduced in velocity and augmented in volume under the influence of opium—partly perhaps from the general reduction of sensibility, and partly from the diminution of secretion, the next operation of the medicine which deserves notice. If secretion be so much under the influence of the nervous system as some physiologists believe, we need hardly be surprized that a medicine which lessens sensibility generally, should diminish secretion. This diminution, under the operation of opium, is most conspicuous in the mucous membrane of the lungs and primæ viæ. It is very doubtful, we imagine, whether opium diminishes the urinary and cutaneous secretions—but it is at least certain, that, when combined with medicines which determine to the skin, opium, so far from restraining, augments perspiration. We need only instance the pulvis ipecacuanhæ compositus, as an example. Brief as are these physiological observations, we fear they embrace the greater part of what is positively and usefully known respecting the operation of opium on the human frame. But limited as this knowledge is, it is applicable to a very great variety of purposes in the exercise of our profession. There are few diseases unaccompanied by pain—and very few indeed in

which opium may not be administered, in some form or other, with the advantage of mitigating sufferings and without impeding recovery--where recovery is possible. Where the disease is irremediable, and at the same time painful, what an inestimable friend have we in opium ! There is too great a prejudice by far against opium, in the practice of physic—and surgery also. For our own parts, we have found it so powerful an auxiliary in practice, that, like Sylvius de la Boe, we should be inclined to relinquish the profession, were this medicine prohibited. We ask those who impartially observe, whether pain does not often aggravate the cause which produced it—drive the patient from remedy to remedy—from doctor to doctor—and not seldom induce the patient to turn sceptical as to the efficacy of medicine ? Opium will frequently render sufferings so bearable that the patient will steadily pursue a proper plan of treatment, and come to entertain confidence in his physician. We are aware, indeed, that in very painful affections practitioners have generally recourse to opium ; but it is in the host of chronic complaints, accompanied rather by uneasy and uncomfortable sensations than absolute pain, that this medicine proves a valuable auxiliary to others that act in removing the original cause of the malady. A considerable scope of observation has convinced us that it is in this very class of diseases, where it is least of all employed, that opium is most of all useful.

We may remark, however, that we hardly ever prescribe opium, except in combination with other remedies calculated to benefit the patient's complaint, and counteract the injurious effects of the opium itself. It is from want of attention to this point, we believe, that the medicine under consideration has engendered prejudices in the minds of practitioners. Its reduction of intestinal secretion very generally produces costiveness, and on this account we almost invariably combine it with an aperient. Antimony and aloes are the best accompaniments when given in the form of pill—and the common saline effervescing draught with, or followed by, some saline aperient, we have found the best vehicle for opium in a liquid form. Here too, we almost always combine an antimonial—for the grand secret of correcting the inconveniences of opium consists in directing it to the skin or some secreting organ, at the same time that it tranquillizes the nervous system.

It is more easy to say in what diseases opium is doubtful or inimical, (because few in number,) than to enumerate those various affections where it may be advantageously administered. In acute, and sthenic inflammation, especially of the brain.

lungs, and perhaps of the serous membranes generally, we should not prescribe opium, until the disease is almost subdued by the regular antiphlogistic measures, particularly bloodletting—and not then, unless symptoms of nervous irritation called for its use. In phlegmasiae of the parenchymatous structures, and of the mucous membranes, especially those of the primæ viæ, the case is very different, and opium is a most valuable remedy. For instance, in dysenteric affections, which never go far without causing, and being kept up by, inflammation of the lining membrane of the intestines, opium is invaluable when combined with medicines which preserve an open state of the bowels. It allays irritation—diminishes the perpetual nisus to evacuate—and restrains the enormous secretion of acrid fluids which are highly distressing in these complaints. In such maladies it may be used much sooner after blood-letting than in the serous inflammations. But even in the serous phlegmasiae, as thoracic and peritoneal inflammation, when by copious venesection we have blanched our patient, and rendered further detraction of blood hazardous, without completely subduing the disease, a large dose of opium may be administered, not only with impunity, but with the greatest benefit. It will generally, in such cases, allay that irritability of the system, vascular and nervous, which seems to renew the inflammation from time to time, while bleeding becomes less and less adapted to its final reduction.\*

The action of opium on the system being, as we before observed, that of lessening the sensibility of the nerves, and increasing the activity of the imagination, we should expect, *a priori*, that it was not a medicine adapted for mania, and experience confirms theory in this instance. But in haemorrhagic affections opium is a most invaluable remedy. In haemoptysis the superacetate of lead and opium will very commonly check the discharge from the lungs, the general volume of the circulation being reduced by venesection.

But it would be endless to enumerate the many useful purposes to which opium may be applied in the cure or mitigation of diseases, and therefore we shall drop the subject for the present,

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\* We had lately several cases under our care where this remark was amply verified. In one of these instances we were in attendance with Mr. Le Mann, of Orchard Street, a most judicious and energetic practitioner, where a delicate and frail lady was bled copiously three times for pulmonic phlogosis, and yet inflammation hung about the lungs. A dose of three grains of opium, once or twice repeated, completely dissipated what would have required one, or perhaps more general bleedings, and that in a state of very great debility, where venesection was to be avoided if possible.

lest our opioologic lucubrations should set our readers to sleep—and, what would be worse, conjure up in their dreams a chaos of what we have been discussing in our vigil,

Ut canis in somnis leporis vestigia latrat.

*Med. Chir. Review.*

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#### V. STATISTICAL MEDICINE.

**DRS. GREGORY, AND MACLEOD, on the Diseases of London.**

We find nothing particularly interesting in the late medical "records." From October to January five hundred dispensary patients were treated by Dr. Gregory, who observes, "that a remarkable change has taken place in the character of the diseases. Thoracic affections, which in the preceding quarter only amounted to one-ninth, now constitute above a fifth part of the whole. In fact, the extent, severity, and obstinacy, of bronchial affections during the last two months, has been the peculiar feature of the medical history of the period. The extreme severity of the weather most satisfactorily explains it."

The same observations are made by Dr. Macleod.

By referring to the Report of Diseases for the quarter from May to August, 1822, it will be perceived that the number of admissions during three months of the warmest part of the season, and three months of the intensely cold weather we have lately experienced, differs but very little. In the former period, the admissions amounted to 391; in the latter, to 276. The very slight variation in the number of patients between one quarterly period and another, shows there are certain causes constantly in operation, independently of the state of the weather and prevalence of disease, in keeping up the number of patients at public Institutions in London. For five years, the number of admissions at the Westminster General Dispensary has averaged 5000 annually; and the proportion of these falling under my care, as one of the physicians, has scarcely varied more than from 250 to 300 in each month. It is therefore obvious, that it is from the comparative severity or mildness of the diseases, and not from the number of patients, that any judgment can be formed of the state of the public health, and the salubrity of different seasons. Some interesting information may be obtained by comparing the list of diseases prevalent during the very hot weather of last summer, and the same period of the severe winter which followed. During the first period, the number of patients affected with diseases of the respiratory organs amounted

to 41, during the second to 103 ; of the digestive organs, in the former period 101, in the latter 40. These are by far the most important and striking changes, showing the organs which principally suffer from great variations of temperature. On the other hand, the functions of certain organs seem to have been but little influenced by these atmospheric changes : for example, during the summer quarter, the number of admissions for diseases of the head and nervous system generally amounted to 29, and during the like period in winter, to 22 ; of the organs of circulation, 4 in the former period, and 3 in the latter ; simple continued fevers, 13 and 10 ; dropsies, 8 and 6 ; and, what might not perhaps have been expected, the number of rheumatic patients was greater during the summer than the winter quarter, being 37 and 30 : there was, however, a larger proportion of acute cases among the latter. The severity of the diseases, it will be observed, corresponds to the importance of the parts affected ; and, accordingly, in the former of the Reports we are comparing, the number of fatal cases amounts to 5, in the latter to 10, of which 7 were diseases of the lungs.

The following is the history of the case marked in the table as one of Rheumatism of the Heart :—A man, about forty-five, who had, by his own account, been subject to violent attacks of pain in the left side of the chest, was suddenly seized with very acute pain in the region of the heart, accompanied with intense anxiety and difficulty of breathing, so great as to prevent him from being able to lie down. At the end of six hours, pain began to affect the right shoulder, extending very soon to the elbow ; this gradually became more and more severe, the agony about the heart diminishing in proportion. The shoulder next became relieved, the elbow joint remaining extremely painful, and considerably swelled, with very perceptible redness of the skin. It is worthy of remark, that the pain in the region of the heart remained without diminution till the arm became affected ; and by the time the elbow-joint swelled, there remained only a degree of uneasiness in the chest, to which the patient is habitually subject. The attack came on late on Saturday night ; the heart became relieved on Sunday morning ; the affection of the elbow was at its height on Tuesday, from which time the patient gradually got well. The remedies employed were bleeding and colchicum ; but, as the symptoms had become milder before their employment was begun, it is very questionable how far they contributed to the recovery. It has been supposed by some pathologists, that rheumatism of the heart is associated with that form of the disease which attacks muscular parts and

fibrous membranes ; if this be admitted as a rheumatic affection of the heart, it would tend to disprove this as a remark of universal application. It must also be placed among the more rare and favourable varieties of metastasis,—viz. from the more to the less important organ ; the usual change in the seat of inflammation being from external to internal parts, particularly in rheumatism.

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MEDICAL LITERATURE OF THE  
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*New-England Journal of Medicine and Surgery.* VOL. XII. NO. II.  
ON MEDICAL THEORIES.

ART. I. *An address to the Boylston Medical Society of Harvard University, at the Annual Meeting in November 1822. By the President of the Society. E. HALE, JR. M. D.*

We have heard much clamour against medical theories, from a class of physicians who regard them, at best, as mere closet speculations, we have heard also much said respecting their importance, by others who esteem them as a convenient arrangement of useful facts, or as a satisfactory explanation of successful practice. Between hypothesis and system, there is a wide difference, and if those who enter upon this discussion would take more pains to define the terms they employ, there would be less contention and more research, and in the path of clinical observation, medicine would then pursue a rapid but noiseless career. Theories have been aptly compared to the string on which facts may be strung like pearls, and they can prove prejudicial to science, only, when for the sake of displaying this worthless string we throw those pearls away.

It is justly remarked by Dr. Hale, that those writers who have given to the world the speculations of their own fancy, have been most likely to decry all theory.

" No man perhaps has ever been more violent in denouncing all science in medicine as unstable and uncertain than John Brown ; and no one has devised a system more completely speculative, or so little founded on actual observation of the phenomena of life as his. So it is with writers at the present day. The outcries against medical theory are made a sort of prelude to some new and visionary hypothesis."

We can confidently recommend this paper to the perusal of our readers, and assure the younger members of the profession, that

they will find it both interesting and instructive. We can only add, and it is a sufficient commendation, that his remarks on medical theories have not diminished our great respect for the character and talents of the writer.

**ART. II. Answer to Dr. HAZELTINE'S Communication in the last Number of the Medical Journal.**

The Editors of the New England Journal are engaged in the arduous undertaking of teaching their correspondent chemistry.—Hitherto their success has not been very flattering, but as often happens under similar circumstances, their arguments have sufficient weight to convince every reader, except the person to whom they are immediately addressed. Dr. Hazeltine undoubtedly will adhere to his old opinions, and attach to them an importance commensurate with the discussions to which they have given rise. Our readers are aware that this discussion relates to the question whether when calomel and soap are made into pills with a "quantum suffit" of water, the first of these articles is decomposed or not. The Editors of the Journal say yes ; their respondent answers no.

**ART. III. Clinical Remarks. No. III. By A. L. PIERSON, M. D. On Injury of the Knee Joint.**

The first case recorded by Dr. Pierson, is calculated to show the necessity of immediate attention to injuries of the knee joint. A man 30 years of age struck his right knee, just over the inner condyle, with the corner of his axe. It bled profusely, was dressed carelessly, and received no particular attention till the termination of the second day, when Dr. Pierson was called.

He found the knee painful to the touch in every part, and a probe passed with ease directly into the cavity of the joint. After 24 hours the pain abated, and symptoms of irritation commenced, tongue coated, pulse small and frequent, nausea, thirst, wakefulness, and delirium, which increased until the sixth day, after which they gradually abated. The remedies were a non-stimulating diet, neutral salts, leeches and evaporating lotions. We find no mention made of opium, which under similar circumstances we have employed with manifest advantage. However under the use of the remedies employed, the pain and soreness subsided, but there seemed a prodigious discharge of serum, and the patient was brought very low with daily fever, night sweats, diarrhoea, headache and loss of appetite, for which bark, sulphuric acid and cordials were prescribed. In four months the patient returned to his work, in tolerable health, though much weakened, and with a joint swelled and stiff. The case is deemed important, inasmuch as it affords an instructive example of a great effect from a trivial cause.

The next case related by Dr. Pierson is denominated hæmorrhoi-

dal tumour, which had for many years been considered as procidentia ani. This tumour, which was nearly two inches in its greatest diameter, and occupied a semi-circumference of the anus, was removed by a knife, with no other inconvenience than a slight haemorrhage, which was arrested by the free affusion of cold water. The patient shortly recovered, and has had no recurrence of her former complaint.

A case of singultus is recorded, treated successfully by opiates, purgatives, and tonics. By the patient, an unmarried woman, 20 years of age, the hiccup was referred to a blow received over the right hypochondrium "but the case became less obscure, when in about eight months, she was delivered of a healthy infant. It is probable that pregnancy was in a great measure, if not solely, the cause of the disease, and that free venesection in the first instance would have been effectual in removing it."

**ART. IV. On Erysipelas of the head treated by Bark. By GEORGE PARKMAN, M. D.**

"I was told" says Dr. Parkman "at St. Thomas' hospital, London, as soon as a patient, under erysipelas, enters the hospital, a nurse calls on the apothecary for Peruvian bark powdered, and gives a dram of it hourly till the redness manifestly begins to subside."

Now, without calling in question the propriety of this practice, we are free to declare that the above statement is not calculated to favour its general adoption. No one at this day believes that erysipelas, in different constitutions, and in its different stages will bear, much less require, the use of the same remedy, and we suspect that the eminent surgeons at St. Thomas' would be the last to encourage such empirical practice.

We know that in the latter stages of erysipelas, cinchona is an invaluable remedy, but we have never met with a severe case of the disease, which in its incipient stage did not require the free exhibition of other remedies. Dr. Parkman has alluded to several cases in which the bark was employed, and the only caution to be observed is, that "when the stomach or bowels seems supersaturated then one or two doses may be deferred, and the tone of the bowels confined by a bandage." Our readers will bear in mind, that we quote the language of Dr. Parkman.

**ART. V. Observations on those Diseases of Females which are attended by Discharges. Illustrated by Copper-plates of the diseases, &c. By CHARLES MANSFIELD CLARKE, Member of the Royal College of Surgeons; Surgeon to the Queen's lying-in Hospital; and Lecturer on Midwifery in London. Part I. London. Longman, & Co. 1814. Part II. 1821.**

This extended analysis of an invaluable work, we recommend to the perusal of such of our readers as have no opportunity to consult the original

**ART. VI. *A Comparative View of the Sensorial and Nervous Systems in Man and Animals.*** By JOHN C. WARREN, M. D. Professor of Anatomy and Surgery in the University of Cambridge. Boston: Printed by JOSEPH B. INGRAHAM, 1822. 8vo. pp. 152.

This review is reprinted from the January Number of the American Medical Recorder. The remaining pages of the Journal are appropriated to selections, and intelligence.

Three successful operations are recorded as having been performed by Dr. Warren, in the Massachusetts General Hospital; one for inguinal aneurism, one for artificial pupil, and the third for a painful affection of the nerves of the face. The last of these operations was performed on a man 70 years of age, who experienced a constant aching pain, compared to the worst toothache, and a spasmodic affection which occurred frequently during the day. For the last four years, he had not been free from pain while awake, and his sleep was short and interrupted. Four operations having been previously performed with but partial success.

"An incision was made over the side of the jaw, from the semilunar notch to the inferior edge of the bone. The parotid gland, being exposed, was divided as far back as possible, and turned forward. Then the masseter muscle was divided in the course of its fibres to the bone, and afterward, the edge of the knife being turned forward, some of the fibres were transversely cut, in order to make room over the bone. A trephine, three quarters of an inch in diameter was then applied, half an inch below the semilunar notch, midway between the anterior and posterior edges of the jaw: and the circular piece sawed through and removed in two parts, the external table by a lever, the internal by forceps. Between these pieces lay the nerve with its accompanying artery and vein; they were cut by the saw inferiorly, but superiorly were entire, at the point where they penetrate the bone. At the superior edge of the hole in the bone was seen the large internal maxillary vein, pulsating from the movements of its artery. The maxillary nerve being now raised on a probe, the patient directly exclaimed that this was the seat of his sufferings. Half an inch of this nerve was cut out, and on examination it was found to comprehend the branch given to the internal face of the lower jaw. The artery was tied without difficulty. The transverse artery of the face had been previously tied on each side of the wound. A suture was employed to bring together the two parts of parotid gland, and the wound closed by adhesive plaster."

For the first time in four years, the patient experienced relief, and on the 19th day from the operation, he left the hospital, with his wounds healed, and his disease cured.